



**CITY OF ROCK ISLAND**  
**Authorization for AP VENDOR Direct Deposit**

I hereby authorize The City of Rock Island to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the checking or savings account(s) indicated below and the depository named below.

<b>Vendor Name</b>		<b>Social Security Number/TIN</b>	
<b>Check All That Apply</b>	<b>Depository Name and Location</b>	<b>Routing Number</b>	<b>Account Number</b>
Deposit entire/remaining amount <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

This authority is to remain in full force and effect until The City of Rock Island has received written notification from me of its termination in such time and in such manner as to afford The City of Rock Island and Depository a reasonable opportunity to act on it.

**ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT, A DEPOSIT SLIP FROM SAVINGS OR WRITTEN AUTHORIZATION FROM YOUR FINANCIAL INSTITUTION** that provides your preprinted bank routing and account numbers. This is required information in order to verify account information and to avoid potential errors. Form will not be processed without required documentation.

<b>Signature of Authorized Agent</b>	<b>Date</b>
X	
<b>Print or Type Name</b>	

RETURN TO ACCOUNTS PAYABLE