

DIRECT DEPOSIT AUTHORIZATION FORM

Please complete this form and return to:

City of Thibodaux
Attn: Sr Accounting Specialist
PO Box 5418
Thibodaux, LA 70302

Phone: (985) 446-7224
Fax: (985) 446-7242
Email: accountant3@ci.thibodaux.la.us

Transaction Type:

Begin ACH Deposit Change financial institution
 Cancellation of ACH Deposit Change account information

Please provide the REQUIRED information below

Bank Name: _____ Address: _____

Account Type: Checking _____ Savings _____

Routing Number: _____ Account Number: _____

Vendor Information:

Company TIN / Individual SSN: _____

Name: _____

Address: _____

Phone: _____ A/R Contact: _____

Email Address: _____

Authorization: The individual authorizing must sign, print name and date form.

NOTE: No alterations to the text in this section will be allowed.

I hereby request and authorize the City of Thibodaux to deposit payments by electronic funds transfer into the account specified above and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of this form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

Authorized Signature

Printed Name

Date

Important: You must attach a VOIDED CHECK or DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR FINANCIAL INSTITUTION, identifying the account number and bank routing number. Any returned ACH transactions will be charged a fee.

**City of Thibodaux
E-Mail Authorization Form**

City of Thibodaux vendor remittances can be delivered electronically if the business or person has access to a business/personal e-mail address. ADOBE Acrobat Reader Version 9.0 or later must be installed on a personal computer or have a smartphone that has the capability to open PDF documents.

Please read the options below, complete the form, and return via mail, fax, or email to:

City of Thibodaux

Phone: 985-446-7224

Attn: Sr. Accounting Specialist

Fax: 985-446-7242

PO Box 5418

E-mail: accountant3@ci.thibodaux.la.us

Thibodaux, LA 70302

This form **MUST** be signed and returned even if you “opt out” of this service.

Customer Information

Company Name: _____

Authorized Signature: _____

Date: _____

Instructions

Select Only One Option:

_____ I do not have a business/personal e-mail address or access to a computer and/or smartphone and need the EFT remittance **PRINTED & MAILED** (Option 1).

_____ I have access to a business/personal e-mail address and a computer and/or smartphone and the EFT remittance can be **E-MAILED**. I understand that I will receive the e-mailed remittance to the below provided business/personal e-mail address and I will no longer receive an EFT remittance through the U.S. Mail (Option 2).

Valid **BUSINESS/PERSONAL** e-mail address: _____

Effective Date: _____