



VENDOR AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER
(DEPOSIT)

The City of Cape Coral is offering Vendors the opportunity to receive payments electronically. This free service enables businesses to receive payment by direct deposit and allows for faster receipt compared to a paper check.

VENDOR NAME _____ DATE _____
REMIT ADDRESS _____
CITY _____ STATE _____ ZIP _____
CONTACT NAME _____ PHONE _____
EMAIL ADDRESS _____ <small>(Required for notification of funds deposited to your account and listing of invoices paid)</small>
TAXPAYER ID# _____
BANK NAME _____
BANK ADDRESS _____
CITY _____ STATE _____ ZIP _____
ACH ROUTING NUMBER _____ <small>(Contact your bank to confirm the correct ACH Routing Number – Direct Deposit)</small>
ACCOUNT NUMBER _____

I hereby authorize **The City of Cape Coral** to initiate deposit entries to my checking/saving account indicated below. This authority is to remain in effect until **The City of Cape Coral** has received written notification from the vendor of its termination, in such time and in such manner as to afford the company a reasonable opportunity to act on or until **The City of Cape Coral** has sent me ten (10) days written notice of **The City of Cape Coral's** termination of the agreement.

SIGNATURE _____ DATE _____

PRINT NAME & TITLE _____

Please return form via email at jgarrabr@capecoral.gov or by mail to:
City of Cape Coral
Attn: Justin Garrabrants
PO Box 150027
Cape Coral, Florida 33915-0027

Please direct questions to Justin Garrabrants at jgarrabr@capecoral.gov or (239) 574-0427.