

City of Bedford

Vendor invoices can be paid via check or Electronic Payment (ACH). Check the appropriate box for payment processing. **Incomplete forms will not be processed and may delay payments.**

Vendor or Business Name: _____
 Vendor Remit to Address: _____

Contact Name: _____
 Title: _____
 Email: _____
 Phone Number: _____
 W9 Included: _____

List of individuals who can authorize changes to banking information. **Provide name and title.**

1.	
2.	
3.	

Financial Institution Information
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Complete if requesting ACH Payments, otherwise leave blank. If changing/updating banking information, the information in the Current Column must match the existing records. New vendors, disregard the Current Column.

	CURRENT	NEW
Name of Bank:		
Bank Address:		
Bank Contact Name:		
Bank Phone No.		

	CURRENT	NEW
ACH Routing Number:		
Account Number:		
Checking or Savings:		

I hereby authorize the City of Bedford to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to our account as shown above with the listed financial institution. I certify that the depository information listed above is accurate.

 Name and Title - Please print

 Signature and Date

Verified with Company (Name, Date, and Time): Entered into Financial System: Date Entered:	Office Use Only Vendor Number: Verified by and date: Reviewed and approved by and date:
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