



CITY OF CHICAGO Bank Depository Authorization

DATE _____

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VENDOR ##

SITE ##

[] NO CHANGE

Part A TO BE COMPLETED BY THE DELEGATE AGENCY

TO: CITY COMPTROLLER'S OFFICE, VOUCHER AUDIT UNIT

FMPS Procurement Coding:

FMPS Accounting Coding:

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City Contract #

Release #

BFY

Fund

Report Category #

Delegate Agency Name

/Site

Agency FEIN

Delegate Address

City/State

Zipcode

Delegate Agency Contact: _____

Agency Contact Phone # () _____

THE FOLLOWING BANK AND ACCOUNT HAVE BEEN DESIGNATED AS THE DEPOSITORY FOR ALL FUNDS TO BE RECEIVED DIRECTLY FROM THE CITY OF CHICAGO RESULTING FROM A CONTRACT UNDER THE NAMED FUND EXECUTED WITH THE CITY BY THIS DELEGATE AGENCY.

I AUTHORIZE THE CITY OF CHICAGO (HEREINAFTER CALLED "THE CITY") TO INITIATE CREDIT ENTRIES TO MY CHECKING ACCOUNT INDICATED ABOVE AND THE INSTITUTION NAMED ABOVE (HEREINAFTER CALLED "THE INSTITUTION") TO DEPOSIT TO THE SAME ACCOUNT.

I FURTHER AUTHORIZE "THE CITY" TO INITIATE DEBITS TO MY ACCOUNT TO CORRECT ANY ERRORS AND "THE INSTITUTION" TO INITIATE ANY SUCH CORRECTIONS TO MY ACCOUNT. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL "THE CITY" AND "THE INSTITUTION" HAVE RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD "THE CITY" AND "THE INSTITUTION" A REASONABLE OPPORTUNITY TO ACT ON IT PRIOR TO DEPOSITING TO THE ACCOUNT.

*Signature of Delegate Agency Executive Officer*_____
*Printed Name*_____
*Title of Delegate Agency Executive Officer***REQUIRED DEPOSITORY INFORMATION:**

NAME OF DEPOSITORY(BANK): _____

ADDRESS OF DEPOSITORY: _____

Address

City/State

Zipcode

PROGRAM BANK ACCOUNT NUMBER: _____

(Bank Account Number)

Part B TO BE COMPLETED BY THE DEPOSITORY

THE ACCOUNT IDENTIFIED ABOVE HAS BEEN ESTABLISHED WITH THIS BANK. THE CITY REQUIRES THAT CHECKS DRAWN ON THIS ACCOUNT MUST BE COUNTERSIGNED. ALL NECESSARY DOCUMENTATION, INCLUDING A POWER OF ATTORNEY, WHICH WILL LEGALLY ENABLE THIS DEPOSITORY TO RECEIVE CITY OF CHICAGO CHECKS FROM THE CITY COMPTROLLER FOR DEPOSIT TO:

ACCOUNT NAME: _____

PROGRAM BANK ACCOUNT NUMBER: _____

(Bank Account Number)

WITHOUT THE PAYEE'S ENDORSEMENT HAVE BEEN RECEIVED AND ARE IN THE DEPOSITORY'S CUSTODY. THIS DEPOSITORY'S DEPOSITS ARE INSURED BY: _____

NAME OF DEPOSITORY(BANK): _____

ADDRESS OF DEPOSITORY: _____

Address

City/State

Zipcode

*Signature of Depository Executive Officer*_____
Title of Depository Executive Officer

(Please Check One)



- New Participant
- Change to Existing Direct Deposit
- Cancel
- Renewal

Direct Deposit Vendor Payment Program

City of Chicago
 City Comptroller's Office
 33 N. La Salle Rm. 510
 Chicago, IL 60602
 312-744-2034

The City of Chicago announces the Direct Deposit Vendor Payment Program for Vendors.

This program utilizes electronic funds transfer to provide you with a timely accurate, and convenient method of depositing your funds.

With Automated Payment, you can eliminate the hassle of mail delays and late deposits. Direct Deposit offers you:

- Assurance of Timely Payments
 - Convenient Payment Method
 - Simple and Easy Sign-up



Vendors choosing Direct Deposit Payments program ensure necessary funds are available for use.

Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds

availability.

Direct Deposit Payment program gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.

Instructions: Complete the form below and attach an original "unsigned and voided check" from this account to assist in verifying data.

I authorize The City of Chicago hereafter called "The City," to initiate credits entries to my checking account indicated below and the institution named below, hereinafter called "Institution," to deposit to the same such account.

I further authorize "The City" to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until "The City" and "Institution" have received written notification from me of its termination in such time and in such manner as to afford "The City" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

Vendor Name _____

FEIN/SS# _____

Agency Address _____

PO # _____

City, State, Zip _____

Bank Name _____

Phone Number _____

Bank Routing # _____

Vendor # _____

Bank Account # _____

Authorized Signature/Date _____

Print Signature _____

Sample Voided Check

476

VOID

PAY
TO THE
ORDER OF _____

DATE _____

\$

_____ DOLLARS  Security Features
Include:
Details on Back.

FOR _____

MP

⑈00507⑈ ⑆00100206⑆ ⑈002010⑈

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