



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