



**City of Chattanooga**  
**Department of Finance & Administration**  
**Accounts Payable Division**  
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**Internal Use Only**

Supplier Name: \_\_\_\_\_  
 Supplier Number: \_\_\_\_\_

**ACH Authorization Form**

PLEASE BE ADVISED THAT the completed form authorizes the City of Chattanooga to make payments to the below listed company by ACH directly to your bank account. This authorization will remain in effect until revoked. Please complete Section 1 and request your financial institution to complete Section 2. The completed form may be mailed, faxed, or emailed as indicated above.

**Section 1 (to be completed by Payee)**

Company Name ("Supplier"): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State ZIP: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_  
 Mailing address (if different from street address):  
 \_\_\_\_\_ Type of Account: Checking \_\_\_\_ Savings \_\_\_\_  
 \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Telephone Number (including area code): \_\_\_\_\_ Fax Number (including area code): \_\_\_\_\_

**The City of Chattanooga ("The City") is hereby authorized to initiate entries to the account indicated at the Financial Institution ("The Bank") listed herein, and if, necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The City is notified by The Supplier per the procedures listed below.**

Supplier Representative Name (print): \_\_\_\_\_ Signature and Date: \_\_\_\_\_  
 Supplier Representative Name (print): \_\_\_\_\_ Signature and Date: \_\_\_\_\_

**All signers must have authority to sign financial documents on behalf of the entity receiving funds.**

**Section 2 (to be completed by the Financial Institution)**

Name and address of Financial Institution: \_\_\_\_\_ Routing number and depositor account title: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Financial Institution Certification**

I confirm the identity of the above-named payee and account number and title.  
 Print representative name and title: \_\_\_\_\_ Signature of representative \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation:** The agreement represented by this authorization remains in effect until cancelled by the Supplier by notice to the City. Upon cancellation by the Supplier, the Supplier should notify the receiving Bank that they are doing so. The agreement represented by this authorization may be cancelled by the Bank by providing the Supplier a written notice 30 days in advance of the cancellation date. The Supplier must immediately advise the City if the authorization is cancelled by the Bank. The Bank cannot cancel the authorization by advice to the City.

**Changing Receiving Financial Institutions:** The payee's ACH authorization will continue to be received by the selected Bank until the City is notified by the Supplier of the wish to change the Bank receiving the deposit. To effect this change, the supplier will complete a new ACH Authorization form at the newly selected Bank. It is recommended that the supplier maintain accounts at both Banks until the transaction is complete, i.e. after the new Bank receives the Supplier's ACH deposit.

**False statements or Fraudulent claims:** Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.