

City of Wichita Falls
Electronic Fund Transfer / Email Notification Authorization Form



Type of Action: New Change Cancel

Vendor / Payee Information

Vendor / Payee Information	Identification Number (SSN or TIN)		
	Vendor or payee name		
	Vendor contact name	Title	Contact Phone
	Payment Address		
	City	State	Zip

Financial Institution Information

Financial Institution	Financial Institution name	City	State
	Routing transit number (9 digits)		
	Customer account number		
	Type of account (Checking or Savings)		

Authorization for direct deposit setup/changes/cancellations

ACH Authorization	I authorize the City of Wichita Falls to deposit my payments from City of Wichita Falls to my financial institution electronically. I further understand that the City of Wichita Falls will reverse any payments made to my account in error.		
	Authorized Signature	Printed Name	Date

Authorization for e-mail payment notification

Email Notification	By completing this section, I authorize the City of Wichita Falls to send payment notification to the e-mail address designated below. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.
	Email address

Please return your completed form and a voided check to: City of Wichita Falls Accounting & Finance 1300 7th Street Room 113 Wichita Falls, TX 76301 Questions: Phone Number: (940) 761-7462 Email: accounts.payable@wichitafallstx.gov	Accounts Payable Use Only
	Received By/Date:
	Processed By/Date:
	<input type="checkbox"/> EFT change verified with vendor