

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **City of Sioux Falls** to initiate entries to my (our) checking account at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until City of Sioux Falls is notified by me (us) in writing to cancel it in such time as to afford City of Sioux Falls and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Vendor Name—PLEASE PRINT)

(Vendor Address—PLEASE PRINT)

(Vendor Contact Person—PLEASE PRINT)

(Vendor Phone Number)

(Email Address—REQUIRED)

(Authorized Vendor Signature)

Title

(Date)

(Name of Financial Institution)

(Address of Financial Institution—Branch, City, State, and Zip)

Financial Institution ABA Routing Number: _____

(9-Digit Number)

Vendor Checking Account Number: _____

***PLEASE ATTACH A VOIDED CHECK TO
ENSURE ACCURATE ACCOUNT INFORMATION.***

Please return to:

Attention: Dawn Taborda
Finance
City of Sioux Falls
224 West Ninth Street
P.O. Box 7402
Sioux Falls, SD 57117-7402
Phone: 605-367-8864
Email: dtaborda@siouxfalls.org

