

# CITY OF SIOUX FALLS VENDOR ACH AUTHORIZATION FORM



Action Requested: (check one)

NEW

CHANGE

CANCEL

Section 1: Vendor Identification							
VENDOR NAME							
ADDRESS							
CITY		STATE		ZIP CODE			
CONTACT PERSON			TELEPHONE				
TAXPAYER IDENTIFICATION NUMBER [EIN or SSN]				EMAIL			
Section 2: Banking Information							
BANK NAME							
ADDRESS		CITY		STATE		ZIP CODE	
ACCOUNT NUMBER		ROUTING NUMBER (9 digits)			ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
CHANGE Request— <u>Previous</u> Bank Account Number:							
Section 3: Vendor Authorization							
I authorize the City of Sioux Falls to initiate/change/cancel ACH credit entries to the above bank account. I further authorize the City of Sioux Falls to reverse any payment made to this account in error.							
SIGNATURE							
PRINTED NAME		TITLE		DATE			

**Please Mail or Email Completed Form and Voided Check to:**

City of Sioux Falls  
 Attn: Accounts Payable  
 224 West Ninth Street  
 P.O. Box 7402  
 Sioux Falls, SD 57117-7402  
 Email: [vendorrequest@siouxfalls.org](mailto:vendorrequest@siouxfalls.org)

CITY OF SIOUX FALLS Use Only		
Vendor Number:	Munis Process Date:	Processed By: