



CITY OF BULLHEAD CITY, ARIZONA VENDOR ACH AUTHORIZATION FORM

1. Vendor Information
Name:
Address:
Contact Person's Name:
Telephone Number:
Email Address:

2. Financial Institution Information
Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
Nine-Digit Bank Routing Number (ABA):

3. Authorization - I certify that the information provided on this form is correct, and I hereby authorize the City of Bullhead City Accounts Payable Office to electronically deposit payments to the bank account designated above. It is my responsibility to notify BHC AP (APayable@bullheadcityaz.gov) or (928) 763-0120 immediately if I believe there is a discrepancy between the amount deposited and the amount of the invoice(s) paid. I understand that I must notify BHC AP in writing of any changes to status or banking information. I understand that this authorization will remain in full force and effect until BHC AP has received written notification requesting a change or cancellation and has a reasonable opportunity to act upon it. It may take up to seven (7) days for changes to be effective.

Print Name: _____ Signature: _____ Date _____

Important Information
Please return completed form via email: APayable@bullheadcityaz.gov

For Office of Accounts Payable Use Only	Date Stamp - Received
AP Reviewed and Approved: Date:	