## **CITY OF LINN**

## **Vendor Input/ACH-EFT Application**



## Credit/Debit Authorization Form

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

## **VENDOR INFORMATION**

(Vendor name as shown on Federal Tax Re	eturn)	
(City, State & Zip)		
(Accounts Receivable email address)		
(Vendor signature)		
FINANCIA	AL INSTITUTION INFORMATION	
(Name and address of Financial Institution)	)	
(Financial Institution Routing Number)		
(Account Number)		-
(City of Linn use)		
Date Received:	Date vendor information updated:	