



Electronic Funds Transfer Authorization and Remittance Address Form (EFT/ACH)

You must verify that your bank will provide you with these payment details and also that your account accepts EFT. If you have a change to your bank account, it is your responsibility to notify Accounts Payable by completing this form. All information will be confirmed verbally by the City of Brockton Auditor's Office.

REQUIRED – Payee / Company Information

****All information must match W-9 on File****

Vendor Number: _____

(Your vendor number can be found in the top left corner of any previous checks or will be assigned upon receipt of a vendor's W-9 form)

Company Name: _____

(SSN) or Taxpayer Identification Number (TIN): _____

Doing Business as (DBA): _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

REQUIRED – Current Financial Institution Information

Checking Account Number: _____

Bank Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EFT/ABA Routing #: _____

Bank Contact: _____ Bank Phone #: _____

REQUIRED – Authorized Official Submitting EFT Authorization

I (we) hereby authorize City of Brockton to electronically credit my (our) account and, if necessary, electronically debit my (our) account to correct erroneous credits.

Signature: _____

Name: _____ Title: _____

Email: _____ Phone: _____

The City is working toward sending remittance information through your bank. Is your company is set up to receive additional addenda information through your bank account? Yes No

Email or Fax Completed Form to:

**City of Brockton
Attn: Auditors Dept
Email: EFT@cobma.us
Fax: (508) 580-7878**

FOR OFFICE USE ONLY:

Verbally verified by: _____

Date & Time: _____ Initials: _____

Auditor: _____