



North Central Texas Council of Governments
 Attn: Accounts Payable PO Box 5888 Arlington, TX 76005-5888
 or email to Apayable@nctcog.org

<u>Office Use Only:</u>
Vendor ID: _____
Address Line: _____
Prenote: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The prenote process takes six full business days. Each payment received by you via ACH will be accompanied by a notification to the email address provided by you in Section 1.

Section 1 (TO BE COMPLETED BY PAYEE)

 Individual/Company Name _____
 Tax ID Number (SSN or Fed ID)

The North Central Texas Council of Governments is hereby authorized to credit the following account in lieu of any other payment method for amounts owed by us for goods delivered or services rendered. Furthermore, the North Central Texas Council of Governments is also authorized to debit the same account in an amount not to exceed the original credit for any erroneous deposits. This authorization will remain in effect until written notification has been provided to the North Central Texas Council of Governments.

We accept two methods of validation for your account. Please check one.

Voided check (Attach over Section 2) Submit this form to your bank for completion
After completion of this form, please mail to the address listed above.

Authorized Signature: _____ Date: _____

Name: _____

Title: _____ Email address _____
Financial Dept Email / EFT Pymt Notification Email Address

Telephone Number: _____

Mailing Address: _____

Type of Account: Check one Checking Account Saving Account

Section 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

 Depository Name (Financial Institution) _____
 Transit/ABA Number

 Depository Address _____
 Account Number

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payments identified above in accordance with 31 CFR Parts 240, 208, and 210.

 Print or Type Representative Name _____
 Signature _____
 Date