

Vendor Information Form

VENDOR/PAYEE NAME

Vendor Name:

Date:

Name on Checks (if different):

ADDRESS INFORMATION

Address:

Address:

City, State:

Zip Code:

* Dun's #

REMIT TO ADDRESS (if different from mailing address)

Address:

Address:

City, State:

Zip Code:

CONTACT INFORMATION

Contact Name:

Phone:

Email:

Fax:

PREFERRED PAYMENT METHOD

Please check one:

Check

ACH Electronic Payment

If choosing ACH electronic payment please complete the Electronic Funds Transfer Authorization form.

PLEASE NOTE: PRE-NOTIFICATION TO YOUR BANK TAKES PLACE ON THE CYCLE FOLLOWING THE APPLICATION PROCESSING. FUTURE PAYMENTS ARE RECEIVED VIA EFT AFTER PRE-NOTIFICATION.

SIGNATURE INFORMATION

The information provided on this vendor information form is true and correct.

Authorized Vendor Signature:

Return this form and completed W-9 tax form to the Purchasing Department by email at apeterson@lakejacksontx.gov. If you have any questions, you may contact Amie Peterson at 979-415-2420.

THIS SECTION COMPLETED BY PURCHASING DEPARTMENT

Approved by:

System Assigned Vendor Code:

Date Entered



City of Lake Jackson

Electronic Payment Authorization Form

A pre-note (pre-authorization) will occur for the **first payment** issued to confirm the submitted bank information. After validity has been verified, EFT deposits will begin.

We require a voided check or letter from your financial institution to verify banking information. Thank you for your cooperation.

EFT Action requested (check one)		
New <input type="checkbox"/>	Change <input type="checkbox"/>	Cancel <input type="checkbox"/>

Vendor Information	
Vendor Name:	
Vendor Address:	
SSN or Taxpayer ID No:	
Contact Person:	
Phone Number:	E-mail Address:

Financial Institution Information	
Financial Institution Name:	
Address:	
ABA Routing Number:	
Bank Account Number:	
Account Type: (check one)	Checking <input type="checkbox"/>

By signing below, I authorize The City of Lake Jackson to execute, implement and perform all functions required for the listed Vendor to receive electronic funds transfer (EFT) payments.

Vendor Authorization	
Printed Name:	
Signature:	
Title:	
Date:	

Office Use Only:			
BC# _____	Vendor # _____	Completed by: _____	Date: _____

