

City of Minneapolis Vendor ACH/EFT Enrollment Form

As part of the City of Minneapolis continuing efforts to efficiently process our supplier payments and lower our processing costs, the City has implemented an ACH/EFT disbursement program the payments of supplier invoices.

Why should Your company or Organization Enroll? By participating in this program, you can eliminate waiting in long lines at your bank and gain the benefit of a quicker deposit to your company's account. Not only does it free your staff's time, but an ACH payment gives you the access to the money more quickly, rather than having to wait for a check deposit to clear. We encourage all of our vendors to join the City of Minneapolis ACH/EFT disbursement program and enjoy the benefits of a no-hassle payment process and quicker access to your money.

How Does it Work? You will be notified when you will begin receiving payment via ACH/EFT. You will continue submit your invoices in the same manner for approval and processing. The City of Minneapolis will doing a double-verification of your banking info and will be calling your company do verify that you requested the change. This is being done to ensure that we have not received information from a fraudulent source. Sorry for any confusion or inconvenience; it is for your safety that we do this.

Please fill out the below information to enroll in the program.

Vendor Name Phone Number

Email address to send payment advice statement

Name of Finance Institution Address

City State Zip Code

Account Type Saving Checking

Bank Routing Number Account Number

AGREEMENT

I hereby authorize and request the City of Minneapolis to initiate credit entries and, if necessary, a debt entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until NACHA rules reversing a credit entry made in error, to my account at the financial institution named above. The electronic payment data remains in effect until withdrawn by.

(a) Written notification to the City

(b) My death or legal incapacity

(c) The financial institution

(d) City of Minneapolis

Agreement Requires Signature & Date To Be In Effect

Signature _____ Date _____

Name _____ Title _____

Return Completed form to:

Email – accountspayable@minneapolismn.gov

City of Minneapolis, Accounts Payable ACH Enrollment, 505 4th Ave S, Room 310 Minneapolis MN. 55415