

Village of Lombard

255 E. Wilson Ave., Lombard, IL 60148-3926

Phone (630) 620-5908

Fax (630) 620-8222

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Please select one of the following:

First time request of EFT payments

Request to Change EFT payment information

Please enter all information, print and sign the form and email it to apar@villageoflombard.org or fax it to Chrissy Petty at 630-620-8222. If you have any questions please call 630-620-5908.

The following bank information applies to:

Vendor Name:

Mailing Address:

City:

State:

Zip:

Bank Account Information:

I hereby authorize the Village of Lombard to initiate deposits to:
(Check One) **Checking** **Savings**

Bank Name:

Address:

City:

Routing/ABA #:

Bank Acct #:

Deposit Notification Information:

I hereby authorize the following individual to receive notification via email of payment details of all funds deposited to the above account:

Name:

Email:

Title:

Phone:

Term:

This authority will remain in full force and effect until the Village of Lombard has received written notification of discontinuation and in such manner as to afford the Village of Lombard and Depository a reasonable opportunity to act on it.

Name:

Title:

Phone:

Signature:

Date:

For Internal Use Only

Contacted By:

Phone Verification By (Name of Person at Company):

Address of Company:

Phone Number of Contact:

Manager Approval: