



VENDOR ACH/DIRECT DEPOSIT AUTHORIZATION FORM
Town of Lyons - Finance Department

PLEASE TYPE or PRINT LEGIBLY

1. Please Check One:

NEW ACH/Direct Deposit	CHANGE ACH/Direct Deposit	CANCEL ACH/Direct Deposit
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2. Vendor/Payee Information

Vendor/Payee Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Name of Financial Institution:

Address:

Representative Name:

Telephone Number:

Name on Account:

Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: Checking Savings

4. Approval/Authorization - I certify that the information provided on this form is correct. I authorize the Town of Lyons to electronically deposit payments into the account at the financial institution listed above for services rendered and/or goods provided. If the Town of Lyons erroneously deposits funds into said account, I authorize the Town of Lyons and the financial institution to initiate the necessary transaction(s) to correct the error. It is my responsibility to notify the Town of Lyons (AP@townoflyons.com or 303-823-6622 ext 33) immediately if I believe there is a discrepancy between the amount deposited and the amount of the invoice(s) paid. This authorization will remain in full force and effect until the Town of Lyons has received written notice requesting a change or cancellation and has had reasonable opportunity to act upon it.

Print Name and Title of Payee Authorized Official:

Payee Authorized Signature:

Date:

5. Return Information

Please return completed form to: **AP@townoflyons.com**
 OR mail completed form to: **Town of Lyons, Attn: Accounts Payable, PO Box 49 Lyons, CO 80540**

Town of Lyons - Finance Department Use Only

AP Reviewed/Approved:

Date: _____ Vendor # _____