



## City of Lake Saint Louis Accounts Payable

### Vendor EFT Application

#### Authorization Agreement

I hereby authorize the **City of Lake Saint Louis** to initiate automatic deposits into my account at the financial institution named below. I also authorize the **City of Lake Saint Louis** to make withdrawal from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **City of Lake Saint Louis** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution, or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **City of Lake Saint Louis** receives a written notice of cancellation from me or my financial institution, or until I submit a new EFT form to the Accounts Payable Department. ***Please note if you change banks or account numbers please fill out a new form and return it with a new voided check to AP. Allow one week to process the change.***

#### Vendor Information

Applicant Name \_\_\_\_\_

Authorized Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email for payment detail notice \_\_\_\_\_

#### Financial Information

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_ Checking Savings

#### Signature

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check and return this form to:**

**Accounts Payable Department**

**200 Civic Center Drive**

**Lake Saint Louis, MO 63367**

**[AP@lakesaintlouis.com](mailto:AP@lakesaintlouis.com)**

**Fax 636-625-1427**