



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER (ACH)

This agreement is for authorization of electronic fund transfer amount Fort Worth Transportation Authority, dba Trinity Metro (“Trinity Metro”), and _____ (“Supplier”).

COMPANY INFORMATION:				
Supplier Name:			Supplier#:	
Address:			Supplier Tax ID#:	
City:		State:		Zip:

Supplier hereby authorizes Trinity Metro to initiate ACH credit entries for the goods and/or services provided to the account indicated below and the depository bank (herein called “Bank”) named below to credit the same to such account. This agreement is limited to electronic fund transfer method of payment of Trinity Metro to Supplier. Any existing and further contract agreements, payment terms, and conditions among Trinity Metro and Supplier will remain in effect.

Supplier hereby agrees to verify the transit number and the account number with Supplier’s bank. Supplier accepts full responsibility if the below bank information is incorrect.

BANKING INFORMATION:	
Bank Routing Number:	
Bank Account Number:	
Bank Name:	
Bank Telephone Number:	

- Initial ACH Setup Request
- Revised ACH Request*

Reason for Change: _____

**If revised, please provide the following information:*

Last 4 digits of previous bank account: _____

Previous Bank Name: _____



COMPANY CONTACT INFORMATION:	
Contact Person:	
Telephone Number:	
Remittance Advice Email:	

Payment details will be emailed to this address including payment document number, payment date, invoice number, invoice date, and amount paid. No paper remittance will be mailed.

This authority is to remain in full force and effective until the Trinity Metro's Treasury department has received written notification from Supplier's authorized representative of its termination, in such time and in such manner to afford Trinity Metro and Bank a reasonable opportunity to act on it. I certify that I am authorized upon behalf of the Supplier to provide these instructions.

Supplier's Authorized Signatory:

_____	_____
Printed Name	Title
_____	_____
Signature	Date

*This form must be returned to the Accounts Payable department with a **voided check or bank letter** showing the supplier account number and bank routing number via email at accountspayable@ridetm.org.*

OFFICE USE ONLY:			
ACH Information Confirmed & Approved by:		Date:	
ACH Information Entered in JDE by:		Date:	
ACH Information Confirmed in JDE by:		Date:	