



CASCADE CHARTER TOWNSHIP 2865 THORNHILLS SE GRAND RAPIDS MI 49546 (616) 949-1500

**ELECTRONIC PAYMENT AUTHORIZATION FORM**

NEW  CHANGE  DISCONTINUE

VENDOR NAME: \_\_\_\_\_

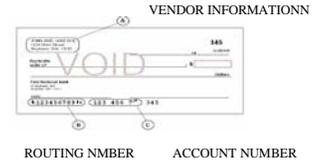
VENDOR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

BANK NAME \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_



CIRCLE ONE: CHECKING SAVINGS  
(Please attach your voided Check (checking) or Deposit slip (savings))

E-MAIL ADDRESS (for notification of EFT payments) \_\_\_\_\_

Please verify transit routing number and account number with your financial institution. Erroneous information may delay EFT payments. You must notify Cascade Charter Township in writing if your financial institution information changes.

\_\_\_\_\_ authorizes Cascade Charter Township to initiate credit entries to its account noted above in payment of obligations owed by Cascade Charter Township. This agreement is applicable to all payments issued to \_\_\_\_\_ under the designated taxpayer identification number (TIN) or SSN.

By signing this agreement you authorize Cascade Charter Township to make adjusting entries to any accounts payable reimbursement. Adjusting entries include withdrawal in the event an accounts payable reimbursement exceeds the correct amount, or an accounts payable reimbursement is made in error. Vendors will be notified by Cascade Charter Township of any adjusting entries.

You must notify Cascade Charter Township's accounting department in writing to terminate this agreement.

For questions pertaining to this agreement contact the Accounting Department **(616) 949-1500 ext. 208** or e-mail [mildred@cascadetwp.com](mailto:mildred@cascadetwp.com) . Application can , also be faxed to (616) 949-3918

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_