DIRECT PAY AUTHORIZATION

PLEASE COMPLETE THIS FORM AND RETURN _ORIGINAL_ TO:

City of Grand Prairie   Fax: (972) 237-8080
Attn: Accounts Payable   Email: accountspayable@gptx.org
P.O. Box 534045
Grand Prairie, TX 75053

PART 1: Transaction Type

❑ New Direct Pay setup   ❑ Change routing number

❑ Cancellation _(Leave Part 4 blank)_   ❑ Change account number

❑ Change financial institution   ❑ Change account type

PART 2: Payee Identification (_required for all transaction types_)

1. Business Tax ID _(Social Security Number or Federal Employer ID Number)_		2. Work Phone Number	
3. Business Name (_as it appears on bank statement_)	4. E-mail Address (required)		
5. Street Address	6. City	7. State	8. ZIP Code

PART 3: Authorization for Setup, Changes, or Cancellation (_required for all transaction types_)

I hereby request and authorize (as selected in Part 1) the City of Grand Prairie to deposit payments by electronic funds transfer into the account specified below, and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed and/or payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to change or terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Pay and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date

PART 4: Financial Institution _(Contact your financial institution for this information, if necessary.)_

12. Financial Institution Name		13. City	14. State	15. ZIP Code
16. Routing Transit Number	17. Customer Account Number	18. Type of Account ❑ Checking ❑ Saving		

DIRECT PAY AUTHORIZATION
INSTRUCTIONS

NOTE: *No alterations to the text in Parts 2 – 4 will be allowed.*

PART 1:   Transaction Type [check the appropriate box(es)]

- **NEW SETUP** – Select if (1) payee is a new vendor with the City or (2) payee is an established vendor with the City but never authorized or received Direct Pay in the past.

- **CANCELLATION**   – Select if payee wishes to stop Direct Pay.

- **CHANGE FINANCIAL INSTITUTION** – Select if payee is currently on Direct Pay and your financial institution on file with the City has changed.

- **CHANGE ROUTING NUMBER** – Select if payee is currently on Direct pay and your financial institution's routing number has changed.

- **CHANGE ACCOUNT NUMBER** – Select if payee is currently on Direct Pay and your bank account number on file with the City has changed.

- **CHANGE ACCOUNT TYPE** – Select if payee is currently on Direct Pay and the type of account on file with the City has changed.

PART 2:   PAYEE INDENTIFICATION (*required of all payees and transaction types)***).**

1. Enter your employer identification number (EIN) or social security number (SSN). This number must match information on file with the Internal Revenue Service (IRS).
2. Enter a telephone number where the City may contact you if additional information is needed or in the event that a direct pay is returned to the City.
3. Enter your business name at it appears on your bank statements (usually legal name of business).
4. Enter the e-mail address to send ACH acknowledgements when a direct pay transaction has been initiated by the City for payment of invoice(s).
5. Enter the street address where to remit paper checks for payment of invoices if direct pay transactions fail.
6. Enter the City matching the street address entered in Box 5.
7. Enter the State matching the City entered in Box 6.
8. Enter the zip code matching the City and State entered in Boxes 6 and 7.

PART 3:   Authorization for Setup, Changes, or Cancellation (*required of all payees and transaction types***)**

9. The individual signing must be authorized to sign checks for the bank account listed in Part 4.
10. Print the name of individual who signed in Box 9.
11. Enter the date the individual signed in Box 9.

PART 4:   Financial Institution (*do not complete if you checked Cancellation in Part 1***).**

12. Enter the financial institution where the payee's bank account is established.
13. Enter the City where your bank account was established (usually printed on bank checks).
14. Enter the State where you bank account was established (usually printed on bank checks).
15. Enter the zip code matching the City and State entered in Boxes 13 and 14.
16. Enter the routing number of the financial institution listed in Box 12 (this can be found on printed checks, on your bank statement, or your bank's website).
17. Enter payee's bank account number (this can be found on printed checks, on your bank statement, or your bank's website).
18. Check the type of account that is listed in Box 17.