

Office Use Only:					
Vendor ID:					
Address Line:					
Prenote:					

North Central Texas Council of Governments Attn: Accounts Payable PO Box 5888 Arlington, TX 76005-5888

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The prenote process takes six full business days. Each payment received by you via ACH will be accompanied by a notification to the email address provided by you in Section 1.

Section 1 (TO BE	COMPLETI	ED DI FAIEE)		
Individual/Company Nar		Tax ID Number (SSN or Fed ID)		
lieu of any other paymen Furthermore, the North C account in an amount not	t method for amo Central Texas Co to exceed the or main in effect up	ounts owed by us for uncil of Governments riginal credit for any	goods deli s is also au erroneous (o credit the following account in vered or services rendered. thorized to debit the same deposits. In provided to the North Central
We accept two methods of	of validation for	your account. Please	check one	e.
Voided check (Attac		*		n to your bank for completion
Authorized Signature: _				Date:
Name:				
Title:		Emai	l address _	
Telephone Number:				(Please include Financial Dept Email)
Mailing Address:				
Type of Account:	Check one	Checking Ac	count	Saving Account
Section 2 (TO BE	COMPLETI	ED BY FINANC	CIAL IN	ISTITUTION)
Depository Name (Finance	cial Institution)	Trans	sit/ABA N	umber
Depository Address		Acco	unt Numbe	er
	FINANC	CIAL INSTITUTION CERTI	FICATION	
				the above-named financial institution, I certicle with 31 CFR Parts 240, 208, and 210.
Print or Type Representativ	e Name	Signature		