



City of Dayton Vendor Remittance Information

Please type or print legibly.

This form is used to process or update a vendor file record to confirm payment type (electronic or check) and complete remittance instructions.

Vendor Name: _____

Section 1 Electronic Payment Authorization

Name as it appears on your account: _____

Bank Name: _____

ABA Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Account Ownership Type: Commercial Personal

E-mail for remittance advice: _____

(Initial)

____ I hereby authorize the City of Dayton to provide direct payment of any invoice or reimbursement due to me into the account designated above. If any action taken by me results in non-acceptance of direct payment by the designated financial institution, I understand that the City assumes no responsibility for processing a supplemental payment until the amount of the non-accepted payment is returned to the City by the financial institution.

Section 2 Check Payment Authorization

Name as it appears on your W-9: _____

Remittance Address: _____

City, State, Zip: _____

(Initial)

____ I do not wish to authorize the City of Dayton to provide direct payment by electronic funds transfer. I elect to receive mailed checks to the remittance address above.

Section 3 Vendor Authorization

Signature: _____

Date: _____

Title: _____

Phone: _____

A copy of a voided check or bank letter must be included with this form if requesting electronic payments.

This form **MUST ALWAYS be accompanied by a Vendor Application or Vendor Maintenance Form.**

Please return to:

vendors@dayton.tx.org

City of Dayton

117 Cook Street

Dayton, TX 77535

For Internal Use

Vendor Number: _____

Completed By: _____

Signature: _____

Date: _____

Comments: _____