



City of Wentzville Vendor Authorization For Deposit Of Payment

INSTRUCTIONS FOR DIRECT DEPOSIT ORIGINATOR:

**Please accept this request as authorization for electronic funds deposit by the vendor/recipient named below.

COMPANY NAME/ADDRESS (ORIGINATOR)

Accounts Payable
City of Wentzville
5 West Pearce Blvd.
Wentzville, MO 63385

(636)639-2155

VENDOR INFORMATION (RECIPIENT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

Bank Account # _____

Bank Routing Number _____

I authorize the City of Wentzville to send the payments identified above to be deposited to my account at:

BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Signature

Date