



ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used for Automated Clearing House (ACH) payments. The information being collected on this form will be used by Village of Nyack to transmit payment data, by electronic means, to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through ACH Payment System.

Recipients should also request to be notified immediately regarding any change occurring at the financial institution that may delay or prevent the receipt of scheduled payments.

Once the Authorization form is processed, you will get a verification email.

This Section to be completed by Vendor

| VENDOR INFORMATION | |
|------------------------|-------|
| NAME : | _____ |
| ADDRESS : | _____ |
| CONTACT NAME: | _____ |
| CONTACT EMAIL & PHONE: | _____ |
| FEDERAL I.D.#: | _____ |
| _____ | |
| AUTHORIZED SIGNATURE | |

| FINANCIAL INSTITUTION INFORMATION | |
|-----------------------------------|--|
| BANK NAME: | _____ |
| BANK ADDRESS: | _____ |
| (9) DIGIT ROUTING NUMBER: | _____ |
| DEPOSITOR ACCOUNT NAME: | _____ |
| DEPOSITOR ACCOUNT NUMBER: | _____ |
| TYPE OF ACCOUNT: | <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |

| ORGANIZATION INFORMATION | |
|--------------------------|--|
| NAME: | Village of Nyack |
| | Attn: Treasurer's Office |
| ADDRESS: | 9 N. Broadway |
| | Nyack, NY 10960 |
| CONTACT NAME: | Kyle Coimbra, Village Treasurer |
| | (845) 358-0548 email: kcoimbra@nyack.gov |

Approvals/Authorizations - By signing this form, I hereby certify that the information provided herein is true and correct, and I authorize the Village of Nyack to electronically deposit payments to the bank account designated above. It is my responsibility to notify Village of Nyack (kcoimbra@nyack.gov or 845-358-0548) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the Village of Nyack in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the Village of Nyack has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it.