



ACH AUTHORIZATION FORM

Seacoast Utility Authority • Finance Department
4200 Hood Road • Palm Beach Gardens, Florida 33410

Vendor Name: _____

Vendor Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone: _____ E-mail: _____

Does the company accept electronic funds transfers via ACH: Yes No

Is this a change to a previously submitted ACH request? Yes No

If Yes, please provide the following:

Bank/Institution name: _____

Previously provided Bank Routing number: _____

Previously provided Bank Account number: _____

If new or changing bank information:

Bank/Institution name: _____

New/Changed Bank Routing number: _____

New/Changed Bank account number: _____

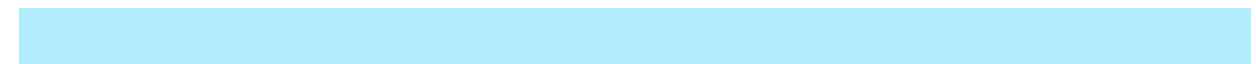
If yes, please fill out the information below and attach a voided check or bank authorization letter.

E-mail address for notifications: _____

By signing this authorization form, the authorized signer of your company acknowledges that Seacoast Utility Authority will send your vendor payments via ACH and the above information is accurate. To initiate subsequent changes to previously submitted ACH instructions, please resubmit form with proper information and indication that it's a change.

In no circumstance will the Authority request via email for your company to provide details of your bank account information or to request funds be transferred. Any requests will be made by letter and this form will be necessary to initiate such transfers. If you receive any similar requests from an email that appears to be from the Authority, we kindly request you contact us immediately at the above number.

Signature: _____ Date: _____



For Office Use:

SUA Vendor Number: _____

Confirmed Routing Number:
Confirmed Account Number:

Initial Below	
Electronic Delivery	With Vendor
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Vendor Contact Person Who Verified Information: _____

SUA - Confirmed by: _____ Date: _____