



ACH AUTHORIZATION FORM

VENDOR INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Telephone:	Email Address:	

AUTHORIZATION

I, _____ hereby authorize The City of Fairburn, Georgia to initiate entries to my checking/savings account at the financial institution listed below. This authorization will remain in effect until The City of Fairburn is notified in writing to cancel.

Authorizing Signature: _____ Title: _____ Date: _____

FINANCIAL INSTITUTION INFORMATION

Request Type: New ACH Update ACH

Financial Institution Name:		
Address:		
City:	State:	Zip:
Routing Number:	Account Number:	