



AUTHORIZATION AGREEMENT FOR ACH CREDIT PAYMENTS

Vendor Name _____
Vendor TIN(Tax Identification Number) _____

Financial Institution _____

Bank Routing Number (must be nine digits long)

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Bank Account Number _____

Bank Account Type (circle one): Checking / Savings



Contact Name _____

Phone Number _____

Email Address _____

Fax Number _____

I hereby authorize Public Utility District No. 1 of Benton County, (District), to automatically deposit funds to my Checking or Savings Account at the depository institution listed above. In the event of an incorrect amount or entry, I authorize the District to reverse this transaction. It is my responsibility to notify Accounts Payable (509) 582-1206 immediately if I become aware of any changes in status or banking information or if I believe there is a discrepancy between the amount deposited directly to my bank account and the amount of the invoice paid.

Signature _____

Date _____

Title _____

IF YOU ARE USING A CHECKING ACCOUNT, PLEASE SECURELY ATTACH A VOIDED CHECK TO THIS FORM

**The bank routing number may be different for electronic deposits than it is for manual deposits (the number shown on your deposit slip). If you are using any account type other than a checking account, please verify the correct electronic routing number by calling your financial institution.

RETURN THIS FORM TO:
Benton PUD
Attn: Accounts Payable
2721 W 10th Ave.
PO Box 6270
Kennewick, WA 99336