



A/P DIRECT DEPOSIT SIGN-UP FORM

Sign up below to have your payments deposited to your bank account and fax to 954-714-3123 or return form to the City of Lauderhill, Attn: A/P Div #241, 5581 W Oakland Park Blvd, Lauderhill, FL 33313.

NAME OF BUSINESS

ADDRESS

EMAIL ADDRESS (payment information will be sent to this address) PHONE NO: _____

TAXPAYER IDENTIFICATION NUMBER

PAYEE CERTIFICATION

In signing this form, I authorize payments to be sent to the financial institution named below to be deposited in the designated account.

(SIGNATURE)

(DATE)

ATTACH VOIDED CHECK BELOW OR COMPLETE THE FOLLOWING

NAME AND ADDRESS OF FINANCIAL INSTITUTION

CHECKING SAVINGS

NAME ON THE ACCOUNT

ACCOUNT NUMBER

ROUTING INFORMATION

CHECK DIGIT

ACH NUMBER
(ABA) NUMBER

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above named payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.

PRINT NAME

SIGNATURE
