

Office use only: _____



Vendor Direct Deposit / EFT Agreement Form

Authorization Agreement

I hereby authorize **Tualatin Valley Fire & Rescue** to initiate automatic deposits to my account at the financial institution named below. In the event that a credit entry is made in error, **Tualatin Valley Fire & Rescue** will contact me by phone or email to discuss the best solution in correcting the error.

Further, I agree not to hold **Tualatin Valley Fire & Rescue** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Tualatin Valley Fire & Rescue** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Accounts Payable Department.

Company Information

Name of Company: _____ New account
Change of information

Accounts Receivable Contact Name: _____ Contact Telephone
Number: _____

Please provide an email address for us to send payment confirmations to. If left blank, you will not receive any notifications and will need to contact your bank to confirm that payments have been received. Email
Address: _____

Bank Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Please note: Once TVF&R has processed a payment to you, you will receive an email notification of the pending payment. The funds will be deposited to your financial institution approximately two business days from the date of the email.

Signature

Authorized Signature: _____ Date: _____

Print Name: _____ Job Title: _____

Please attach a voided check and return this form to the Accounts Payable Department

Email: accountspayable@tvfr.com
or Mail: Tualatin Valley Fire & Rescue,
Attn: Accounts Payable, 11945 SW 70th Ave, Tigard, OR 97223
or Fax: 503-649-5347, Attn: Accounts Payable