



**ELECTRONIC PAYMENT AUTHORIZATION FOR AUTOMATIC PAYMENT (ACH)  
AND REQUEST TO CHANGE PAYMENT INFORMATION**

**Please select one of the following:**

\_\_\_ First time request for ACH payments                      \_\_\_ Request to change ACH payment information

**(Please print or type all information)**

The following banking information applies to:

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We offer the following payment terms and conditions to the Town of Clayton: \_\_\_\_\_

Bank Account Information: I hereby authorize the Town of Clayton to initiate ACH credits (deposits) to the **Checking** Account described below: (No Savings Accounts) **Please attach copy of voided check.**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of payment **details of all funds deposited** to the above account:

Name (Printed or Typed): \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Officer Name (Printed or Typed): \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**Term: This authority will remain in full force and effect until the Town of Clayton has received written notification of discontinuation and in such manner as to afford both the Town of Clayton and Depository a reasonable opportunity to act on it.**

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(For Town Use Only)

Vendor Number: \_\_\_\_\_ Date information entered: \_\_\_\_\_ Keyed by: \_\_\_\_\_

**Where to send completed form:**

U.S. Mail                      Town of Clayton  
   Accounts Payable  
   PO Box 879  
   Clayton, NC 27528-0879

Email                              [kmaples@townofclaytonnc.org](mailto:kmaples@townofclaytonnc.org)

Fax                                 919-553-8919