



Department of Finance and Purchasing

City Use Only

V# _____

VENDOR ACH AUTHORIZATION

To receive Automated Clearing House (ACH) payments from the City of Portage in lieu of paper checks, please complete the information below.

(Please note: For new vendors only, your first payment will be a paper check)

I authorize the City of Portage to use the account information attached and issue

ACH payments to: _____
(Vendor)

Send ACH Remittances to: _____
(Email Address)

Signature/Title: _____

Print Name: _____ Date: _____

Please return the completed form along with a copy of a voided/cancelled check or bank letter via any of these methods:

Electronically:	US Mail or in person:
e-mail: Accountspayable@portagemi.gov Fax: (269) 329-4535	City of Portage Attn: Finance Dept. 7900 S. Westnedge Ave. Portage, MI 49002

City Use Only:

#/Contact _____

Date/Initials _____