



Financial Services Department

4300 NW 36th Street Lauderdale Lakes, FL 33319-5599

Phone (954) 535-2714 Fax (954) 535-1892

www.lauderdalelakes.org

Dear Vendor,

The City of Lauderdale Lakes now has a direct deposit option for our vendors. Enrollment in the Electronic Funds Transfer (EFT) Payment Program will provide for a more timely payment on your invoices. If you would like to participate in the EFT Payment Program, please complete the attached EFT Form and include a voided check or deposit form from a checking/savings account and have your banking institution complete the Bank Certification section.

Please be aware that the first payment will be a pre-note. A pre-note is a one-time payment confirmation to ensure the accuracy of your account and routing numbers. Once confirmed, all payments thereafter will be provided in an EFT payment.

The EFT authorization will remain in full force and effect until the City of Lauderdale Lakes and your Banking Institution have received a written notice of termination. Please provide a notice of termination in a timely manner to afford the City of Lauderdale Lakes and your Banking Institution reasonable opportunity to process it.

Send your completed form along with a **VOIDED CHECK** or a deposit slip if you provide a savings account information via email to: ap@lauderdalelakes.org, to the following mailing address:

City of Lauderdale Lakes
Attn: Accounts Payable
4300 NW 36th Street
Lauderdale Lakes, FL 33319-5599
Or Fax to Accounts Payable at (954) 535-1892

You may also gain access to the EFT Form on our website at www.lauderdalelakes.org under the Financial Services Department Accounting and Financial Management Division. Please send any address changes to the attention of our email or mailing address listed above to continue receiving important information regarding the account.



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4300 NW 36th Street Lauderdale Lakes, FL 33319-5599

Phone (954) 535-2715 Fax (954) 535-1892

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Authorization Agreement for Automatic Deposits (ACH Credits)

Vendor Name: _____

Address: _____ City, State, Zip: _____

Contact Phone #: _____ Email: _____

Complete the General Information and Bank Certification Sections. The Bank Certification section must be completed by your banking institution. A voided check or a savings account deposit form must also accompany this application. **Please Note: Temporary or starter checks and deposit forms will not be accepted. All banking institutions must be within the United States.****

General Information Section:

Checking or Savings Bank Name: _____

Address: _____ City, State, Zip: _____

Bank Transit / ABA Routing #: _____ Account #: _____

Bank Certification Section:

I certify that the above referenced banking account information belongs to _____ and is factual without any errors or omissions.

Banking Officer's Signature

Date

Print Name

Telephone Number

Title

Vendor Payee Authorization

Authorized Signature

Witness' Signature

Print Name

Print Name

Title

Title

Date

Date

By signing the Vendor Payee Authorization, you hereby authorize the City of Lauderdale Lakes to deposit any amounts owed by initiating credit entries to your account designated above at the banking institution (hereinafter "Bank"). Furthermore, you are authorizing Bank to accept and to credit any credit entries indicated by the City of Lauderdale Lakes to your account. In the event the City of Lauderdale Lakes deposits funds erroneously into your account, you authorize the City of Lauderdale Lakes to debit your account for an amount not to exceed the original amount of the credit error.