

# EFT (Electronic Funds Transfer) Request Form



**CITY OF MILWAUKIE**  
**10722 SE Main Street**  
**Milwaukie, OR 97222**

If you would like to sign up for EFT service, please complete the authorization below and return it together with a voided check to the City of Milwaukie. If you have questions, please contact the City's Accounts Payable department at 503-786-7524.

## Authorization Agreement for Direct Deposit

Company Name: \_\_\_\_\_

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

Contact & phone no: \_\_\_\_\_

We hereby authorize the City of Milwaukie to initiate credit entries and, if necessary, adjustments for any credit entries to our account indicated at the financial institution named below:

Depository Name: \_\_\_\_\_

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

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

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

This Authorization is to remain in full force and effect until the City of Milwaukie has received written notification from us of its termination in such time and manner as to afford the City and Depository a reasonable opportunity to act on it.

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

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

*(please print)*

*(please print)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_