



The City of
OKLAHOMA CITY

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS
PAYMENT**

To assure prompt processing of your request, please complete the following information:

Please Print

Social Security ID No **OR** Federal Identification No:

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Vendor Name: _____

Vendor Address: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Contact Person: _____ Title: _____

I hereby authorize the City Of Oklahoma City and my financial institution to initiate deposit entries to my bank account. In the event of error, I authorize the institution to withdraw and return the same funds to the City Of Oklahoma City.

Financial Institution: _____

Financial Branch: _____ City & State: _____

Type of Account (Please Check One): CHECKING ☐ SAVINGS ☐ OTHER ☐

ABA Routing Transit Number: _____ Account Number: _____

➡ **A voided check, or a letter from your banking institution guaranteed by an officer
confirming the information, is needed to complete this request.** ←

Signature: _____ Date: _____

Title: _____

Procurement Services Division
vendorregistration@okc.gov
100 North Walker, Suite #200
Oklahoma City, OK 73102
(405) 297-2741 – Fax (405) 297-2142



The City of
OKLAHOMA CITY