



AUTHORIZATION TO ACH/WIRE FUNDS

Name of Bank, Credit Union, etc.: _____

Bank address: _____

City, State, ZIP: _____

Transit/ABA Number: _____ (9-digit number generally located in the lower left-hand corner of check or deposit slip)

Business Account Personal Account (check one) Wire

Checking account Savings account (check one) ACH

Account Name: _____

Account Number: _____

Notification of ACH transmission and payment detail is made via email. Please provide email address for payment notification.

Email address

Contact Name

Telephone Number

This form states that the City of Keller is authorized to wire funds into the account designated above.

Authorized Signature

Date

Daytime Telephone

Cell phone

Please return form to:

By Mail

City of Keller Finance Department

P.O. Box 770

Keller, TX 76244-0770

By Email

kparker@cityofkeller.com

Phone #: (817) 743-4025