



# City of Wentzville Vendor Authorization For Deposit Of Payment

**INSTRUCTIONS FOR DIRECT DEPOSIT ORIGINATOR:**

\*\*Please accept this request as authorization for electronic funds deposit by the vendor/recipient named below.

**COMPANY NAME/ADDRESS (ORIGINATOR)**

Accounts Payable  
City of Wentzville  
5 West Pearce Blvd.  
Wentzville, MO 63385

(636)639-2155

**VENDOR INFORMATION (RECIPIENT)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Bank Account #** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

I authorize the City of Wentzville to send the payments identified above to be deposited to my account at:

BANK NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**