City of Boyne City
Founded 1856

ACH Payment Authorization Form

NOTE: Please provide email for payment remittance

Vendor Information

Customer Name: _____

Mailing Address: _____

Street City State Zip

Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Banking Information

Bank/Financial Institution: _____

Account Number: _____

ABA/Routing Number: _____

Account Type Checking Savings

Bank/Financial Institute Address: _____

Street City State Zip

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

I authorize the City of Boyne City to make payments directly to my specified account above.

_____ _____

Signature Date

Please return completed and signed form to:

City of Boyne City
319 N Lake Street
Boyne City, MI 49712
OR
jduncan@boynecity.com