

**CITY OF CONCORD, NORTH CAROLINA
ACCOUNTS PAYABLE
AUTHORIZATION OF ELECTRONIC FUNDS TRANSFER
(THIS IS OPTIONAL)**

Please Check One: **INITIAL ENROLLMENT** _____ **CHANGE** _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY #
or FEDERAL ID #: _____

E-MAIL ADDRESS (**REQUIRED**): _____

By signing below, I hereby authorize City of Concord to electronically deposit funds into the the account checked below. I understand that if my banking information changes, and the City is not made aware of this change, then payment could be delayed.

CHECKING ACCOUNT:

SAVINGS ACCOUNT:

SIGNATURE: _____

Please attach a voided check here in the space provided.
(A check must be attached for funds to be electronically deposited.)

Please mail form to : City of Concord
 Attn: Accounts Payable-EFT
 PO Box 308
 Concord, NC 28026-0308

City Use Only: Bank Code _____ Pre-Note _____ Live _____