CITY OF ROUND ROCK
Vendor Direct Deposit Authorization Form

This form may be used by vendors to receive payments from the City of Round Rock by Direct Deposit.

****

PRENOTE TEST: A prenote test will be sent to your financial institution to verify your account information provided.

BANK NAME:	
IMPORTANT: Your Direct Deposit Routing Number may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. DIRECT DEPOSIT ROUTING NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	☐ Checking ☐ Savings
An email notification will be sent when an ACH Direct Deposit is processed. Please provide contact information. NAME OF PERSON TO NOTIFY:	
PERSON'S EMAIL ADDRESS:	
PERSON'S PHONE NUMBER:	
VENDOR'S MAILING ADDRESS:	

NAME OF VENDOR: _____

TAXPAYER IDENTIFICATION NUMBER(TIN):_____

Authorization for Setup: I authorize the City of Round Rock to deposit my payments from the City of Round Rock to my financial institution electronically. I understand that the City of Round Rock will reverse any payments made to my account in error.

_____ _____
Authorized Account Owner's Signature Vendor Number (if known)

_____ _____
Authorized Account Owner's Printed Name Date

Please return completed form to:

City of Round Rock
ATTN: Accounts Payable
221 E. Main St.
Round Rock TX 78664
or email to:
_APteam@roundrocktexas.gov
Phone: 512-218-5400