

# EFT (Electronic Funds Transfer) Request Form



**City of Milwaukie**  
**10722 SE Main Street**  
**Milwaukie, OR 97222**

## Authorization Agreement for Direct Deposit

I (we) hereby authorize the City of Milwaukie to initiate credit entries and, if necessary, adjustments for any credit entries to our account indicated at the financial institution named below:

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Routing#** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Milwaukie has received written notification of its termination in such time and manner as to afford the City and Depository a reasonable opportunity to act on it.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact Name and Title:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **TIN or SSN#** \_\_\_\_\_

**Remittance Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be sure to include a voided check with your EFT authorization form.**

To begin EFT service, please complete one of the following options:

- Email completed authorization **and** a voided check to [tuckerk@milwaukieoregon.gov](mailto:tuckerk@milwaukieoregon.gov)
- Fax completed authorization **and** a voided check to 503-786-7528, Attn: A/P
- Mail completed authorization **and** a voided check to:

City of Milwaukie  
Attn: A/P  
10722 SE Main Street  
Milwaukie, OR 97222

If you have questions regarding this agreement, please contact Kelli Tucker in Accounts Payable at 503-786-7523 or email [tuckerk@milwaukieoregon.gov](mailto:tuckerk@milwaukieoregon.gov).