

# Electronic Funds Transfer (EFT) Authorization



**City of Milwaukie**  
**10501 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.

**Individual/Company Name:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_ **EIN or SSN** \_\_\_\_\_

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

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

To begin electronic payments, please send a completed authorization form and voided check to:

Email: [ap@milwaukieoregon.gov](mailto:ap@milwaukieoregon.gov)

or

Mail to: City of Milwaukie, Attn: Accounts Payable, 10501 SE Main St, Milwaukie, OR 97222

If you have questions regarding this authorization, please contact Accounts Payable at 503.786.7535 or [ap@milwaukieoregon.gov](mailto:ap@milwaukieoregon.gov).