

CITY OF DALLAS

Electronic Payment Agreement

INSTRUCTIONS:

1. Complete this form.
2. Retain the pink copy.
3. Send original and yellow copy to: Assistant City Controller,
1500 Marilla St., Rm 3EN,
Dallas, TX 75201

We initiate our electronic payments to you within the terms of your purchase order or contract and per certain specific terms/conditions for electronic payments described on the reverse side. Our electronic payment to you will include electronic transmission of remittance data. We will use CTX format for this transmission.

YOUR COMPANY	YOUR FINANCIAL INSTITUTION
<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Person to Contact: _____</p> <p>Telephone: (_____) _____</p> <p>IRS Taxpayer ID#: _____</p>	<p>Bank Transit Routing #: _____ (9 digits)</p> <p>Account Number to Receive Payments: _____</p> <p>Checking _____ Savings _____</p> <p>Name on the Account: _____</p> <p>Bank Name: _____</p> <p>Address: _____</p> <p>Bank Contact Person: _____</p> <p>Telephone: (_____) _____</p>
TO BE COMPLETED BY COMPANY REPRESENTATIVE	
<p>I hereby affirm that I am an owner, officer, or authorized agent for the above company.</p> <p>Signature: _____ Date: _____</p> <p>Print: _____ Title: _____</p> <p style="text-align: center;">TO BE COMPLETED BY NOTARY PUBLIC</p> <p>Subscribed and Sworn to before me this _____ day of _____, 20____</p> <p style="text-align: right;">Commission Expires: _____</p> <p>Notary Public _____</p> <p>Printed Name of Notary _____</p>	

SEE ADDITIONAL TERMS/CONDITIONS ON BACK