



CITY OF BOULDER CITY

401 California Avenue
Boulder City, NV 89005
accounts payable@bcnv.org
702.293.9220
www.bcnv.org

Vendor Authorization Agreement Allowing ACH Payments

I hereby authorize the City of Boulder City to initiate ACH payments into the account listed below.

Individual/Company Name: _____

Name of Financial Institution: _____

Financial Institution Address/Phone # _____

ABA Routing Number: _____

Account Number: _____

Type of Account: Checking _____ Savings _____

Email payment notification: _____

This authorization will remain in effect until I notify the City of its termination in writing.

Name (print): _____

Signature: _____ Date: _____

Return completed for to:

E-mail: accounts payable@bcnv.org

OR

Mail: City of Boulder City
 Attn: Accounts Payable
 401 California Avenue
 Boulder City, NV 89005