



Accounts Payable Department

800 Third Street, Marble Falls, TX 78654
Phone: 830-693-3615 Fax: 830-693-6737
Email: accountspayable@marblefallstx.gov

APPLICATION FOR ACH PAYMENTS

Please complete the information below and all future invoices will be paid via ACH. A confirmation will be sent to the email address listed below for each payment. Please return this form to the email address listed above.

Company Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Accounts Receivable Phone: _____

Accounts Receivable Contact: _____

Accounts Receivable Email: _____

Bank Name: _____

Confirmation Email: _____

Routing # (9 digits): _____

Account #: _____

Customer # assigned to City: _____

Account # assigned to City: _____

Account Type: Checking or Savings

I hereby authorize the City of Marble Falls, Texas to electronically deposit funds to my bank account for payment of invoices due from the City of Marble Falls. I will notify the City of Marble Falls in writing if I change banks, bank account numbers, or if I wish to cancel ACH payments.

Authorized Signature

Date

Printed Name

Title