## City of Kannapolis, North Carolina Accounts Payable Authorization of Electronic Funds Transfer



	Please Check One:	Initial Enroll	ment	Change		
	NAME:					
	ADDRESS:					
	CITY/STATE/ZIP:					
	SOCIAL SECURITY # or FEDERAL ID #:					
	EMAIL ADDRESS:					
f you	u should have any questions, please o					
•	igning below, I hereby authorize the stand that if my banking information	•	•	•		
	nowledge that electronic payments irements of the Office of Foreign Ass				sions of the U.S. I	aw, as well as the
	I affirm that, regarding electronic paccount that I have designated, th					
	I affirm that, regarding electronic paccount that I have designated, the acknowledge that any electronic packnowledge that the City of Kan electronic payment. I acknowledge institution's policies and procedure	e entire payment amou ayments that may be re napolis alternatively ma that availability of fund	nt <b>is</b> subject to bein mitted to me may I y elect to remit suc	ng transferred be labeled wi ch payments t	I to a foreign bank th "IAT" as the sta to me via check in	caccount. I andard entry class. stead of via
	CHECKING ACCOUNT:	SAV	VINGS ACCOUNT:			
SIGN	IATURE:					
PLEA	SE ATTACH A VOIDED CHECK IN THE	SPACE PROVIDED.				

Please mail form to: City of Kannapolis Finance Department

Attn: Accounts Payable- EFT 401 Laureate Way Kannapolis, NC 28081

Or Fax to: (704) 938-5919

Or email to: ap@kannapolisnc.gov