



**The City of Covington
200 W. Washington Ave.
P.O. Box 768
Covington, TN 38019
901-476-9613 ext.119**

Vendor Credit Authorization Form

Procedures for signing up:

1. Complete Information below.
2. Please provide a blank voided check or a statement from the bank with an account number and routing number must be attached.
3. Please verify that all information above is attached and completed.
4. Return the completed information to address below.

The City of Covington
200 W. Washington Ave.
P.O. Box 768
Covington, TN 38019

I hereby authorize and request the City of Covington to make a payment of any amounts owing the vendor by initiating credit entries to the vendor account indicated below in the financial institution listed below, and the vendor authorizes and request financial institution to accept credits initiated by the City of Covington to the account listed below.

Vendor Name (Please Print) _____

Vendor Address _____

Email Address to send a Notice of Remittance to: _____

Vendor Contact Name: _____

Vendor Telephone Number: _____

Financial Institution Name: _____

Financial Institution Location: _____

Account Number: _____

Financial Institution Routing (ABA) Number: _____

This agreement may be terminated by the vendor at any time by written notification to the City of Covington. Any such notification to the City of Covington shall be effective only with respect to entries initiated by the City of Covington after such receipt notification and reasonable opportunity to act upon it.

Authorized Signature: _____

Authorized Signature: _____

Date: _____

Please Attach Required Documentation