



232 Matthews Station Street  
Matthews, NC 28105  
704.847.4411  
Fax 704.845.1964

The Town of Matthews can provide payment (ACH) to you/your company through electronic funds transfer. Please complete the information below if you wish to begin taking advantage of this service. A remittance advice with payment information will be emailed to the address provided below. Please complete this form in its entirety and return to the Finance Department at your earliest convenience.

**Company/Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Routing Number (ABA#):** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Federal Tax I.D.:** \_\_\_\_\_ **Account Type:** **Checking**  **Savings**

**Email Address for Delivery of Payment Advice:** \_\_\_\_\_

*As an authorized representative of the company named above, I authorize the Town of Matthews to deposit all payments due to us electronically to the banking institution listed above and correct any errors that may occur.*

\_\_\_\_\_  
**Authorized Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

**It is the responsibility of your organization to notify the Finance Department immediately if funds are not received, banking information needs to be changed or if you wish to discontinue receiving payments via electronic funds transfer.**

Please return completed form to: **Town of Matthews  
Attention: A/P  
232 Matthews Station Street  
Matthews, NC 28105**

Confidentiality Notice: All information regarding banking information furnished on this form shall be kept in strict confidence by the office of the Finance Director, its officials and employees.