



ORLAND PARK

FINANCE DEPARTMENT

14700 South Ravinia Avenue
Orland Park, Illinois 60462

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

(Please print clearly or type all information.)

Company Name _____

Contact Name _____

Company Address _____

City, State, Zip _____

Phone Number _____

Email Address _____

Financial Institution Name _____

Financial Institution Address _____

City, State, Zip _____

ABA Routing Number _____

Bank Account Number _____

I hereby authorize the Village of Orland Park to deposit, by electronic funds transfer, payments owed by the Village of Orland Park and, if necessary, complete debit entries and adjustments for any amounts deposited electronically in error. The Village shall deposit the payments in the financial institution and account designated above. This authority is to remain in full force and effect until the VILLAGE OF ORLAND PARK has received written notification of its termination in such time and in such manner as to afford the VILLAGE and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

SEND COMPLETED FORM TO
Village of Orland Park
Attn: Purchasing Department
14700 South Ravinia Avenue
Orland Park, Illinois 60462
purchasing@orlandpark.org