Jacksonville Aviation Authority Use Only

Date Received_____

Date Entered_____

By: _____

Supplier #: _____

ACH Authorization
For Electronic Funds Transfer
SUPPLIERS ONLY

NOTICE: In accordance with Florida Law, the account number and banking institution information below is confidential and exempt from public records. Jacksonville Aviation Authority (JAA) and its systems will keep this information in a manner in accordance with Florida Law.

This form is being completed due to:

_____ Initial Enrollment
_____ Change in Bank Account Number (same financial institution)
_____ Change in Financial Institution

I authorize Jacksonville Aviation Authority (JAA) to deposit payments as instructed into the undersigned's bank account by the means of Electronic Funds Transfer for payment. I will also allow access for adjustments (debit transactions) in the event of billing errors. Disputes regarding deposits (credits) should be made within fifteen (15) days of issuance of the account statement. Disputes regarding charges (debits) should be made within forty-five (45) days after the account was charged.

Until notification in writing of cancellation, this authorization will continue to be valid.

Supplier Name: _____

Bank Name: _____

Transit/ABA #: _____

Bank Account #: _____

Remittance
Email Address: _____

Fed Tax ID#/SS#:_____

By submitting this form, you are certifying that you have read and reviewed this document and the person signing below is an authorized representative of the Company.

Authorized by Signature: _____

Print Name: _____

Title: _____

Phone: _____

Date: _____

Return this form directly to the Procurement Department via email: procurement-bids@flyjacksonville.com

Revision 04/2015

DRAFT

PLEASE BE ADVISED THAT JAA'S ACH AUTHORIZATION FORM SHOULD NOT BE COMPLETED AND SUBMITTED AS PART OF RESPONDENT'S BID OR PROPOSAL DOCUMENTS.