



City of Mont Belvieu  
Vendor Remittance Information

Please type or print legibly.

This form is used to process or update a vendor file record to confirm payment type (electronic or check) and complete remittance instructions.

Vendor Name: \_\_\_\_\_

Section 1 Electronic Payment Authorization

Name as it appears on your account:	_____	
Bank Name:	_____	
ABA Routing Number:	_____	
Account Number:	_____	
Account Type:	Checking	Savings
Account Ownership Type:	Commercial	Personal
E-mail for remittance advice:	_____	

(Initial)

\_\_\_\_ I hereby authorize the City of Mont Belvieu to provide direct payment of any invoice or reimbursement due to me into the account designated above. If any action taken by me results in non-acceptance of direct payment by the designated financial institution, I understand that the City assumes no responsibility for processing a supplemental payment until the amount of the non-accepted payment is returned to the City by the financial institution.

Section 2 Check Payment Authorization

Name as it appears on your W-9:	_____	
Remittance Address:	_____	
City, State, Zip:	_____	

(Initial)

\_\_\_\_ I do not wish to authorize the City of Mont Belvieu to provide direct payment by electronic funds transfer. I elect to receive mailed checks to the remittance address above.

Section 3 Vendor Authorization

Signature: _____	Date: _____
Title: _____	Phone: _____

**A copy of a voided check or bank letter must be included with this form if requesting electronic payments.**

**This form MUST ALWAYS be accompanied by a Vendor Application or Vendor Maintenance Form.**

Please return to:  
[vendors@montbelvieu.net](mailto:vendors@montbelvieu.net)  
City of Mont Belvieu  
PO Box 1048  
Mont Belvieu, TX 77580

For Internal Use

Vendor Number: _____	Completed By: _____
Signature: _____	Date: _____
Comments: _____	