

Repetitive Wire/ACH Authorization Form

(Reoccurring wires/ACHs need to be approved at initiation or at any time a change/alteration is made to the initially approved wire/ACH)

Initial

Revised

Repetitive Wire/ACH Set Up

The following items have been included in the request:

1. Attach approved invoice/contract and supporting documentation to this form.
2. Attach explanation of why this payment cannot be paid by check.
3. Vendor documents/wiring instructions

Explain the Purpose of the Wire/ACH Change

Nuance Communications no longer accepts checks they only accept credit card payments or ACH

Reoccurring Amount of wire/ACH \$ 202.00 _

Accounts Payable

Date

Director Approval Repetitive Wire/ACH Transfers

Wire instructions verification with vendor (please check)

Confirmed no other payment options with vendor (please check)

Director of Finance or Hospital CFO

Date

Wire Originator Signature
(Board Member/City Originator)

Date