

Instructions for Electronic Funds Transfer (EFT)

Vendor Direct Payment Authorization

SECTION I

REQUESTED ACTION *(To Be Completed By Payee – At Least One Field Required)*

Please check appropriate box(es):

- | | |
|---|--|
| <input type="checkbox"/> New EFT Account | <input type="checkbox"/> Change in EFT Contact Information |
| <input type="checkbox"/> Delete EFT Account | <input type="checkbox"/> Change in Bank Information |

SECTION II

VENDOR INFORMATION *(To Be Completed By Payee – All Fields Required)*

SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER
(Owner SSN required for sole proprietorships and DBA's) (Federal TIN used to file Federal tax return)

BUSINESS NAME

STREET ADDRESS CITY STATE ZIP CODE

CONTACT NAME PHONE NUMBER

E-MAIL ADDRESS *(For remittance notifications - Limited to one email)*

I hereby authorize the City of Carlsbad (City) to initiate deposit (credit) entries and, if necessary, adjustments for any credit entries made in error to the bank account indicated in Section III. I further authorize the financial institution delineated in Section III to correct duplicate or erroneous payments via credit/debit entries.

Signature of Authorized Officer/Payee

Print Name/Title of Authorized Officer

Signature of Authorized Officer/Payee

Print Name/Title of Authorized Officer

This authorization agreement remains in full force and effect until the City has acted on a written request for termination. Such termination must be made in such time and in such manner as to afford the City a reasonable opportunity to act on it. All future payments from the City will be made via EFT until such termination. Funds will be deposited (credited) to the above account based on your financial institution's policy.

SECTION III

FINANCIAL INSTITUTION INFORMATION *(To Be Completed By Payee – All Fields Required)*

FINANCIAL INSTITUTION NAME

STREET ADDRESS CITY STATE ZIP CODE

ACH COORDINATOR NAME PHONE NUMBER (FIN. INST.)

ROUTING TRANSIT NUMBER *(9 digits)*

TYPE OF ACCOUNT *(Please check appropriate box)*

DEPOSITOR ACCOUNT NUMBER *(not to exceed 17 digits)*

- Checking
 Savings

SECTION IV – RETURN THIS FORM TO:

AGENCY INFORMATION *(To Be Completed By The City Of Carlsbad)*

ADDRESS: City of Carlsbad | 1635 Faraday Ave. | Carlsbad, CA

VENDOR

CONTACT: Helen Morones

PHONE NUMBER: 760-602-2424 Verification 1:

EMAIL: Accounts.Payable@carlsbadca.gov

FAX NUMBER: 760-602-8553 Verification 2: