

Electronic Funds Transfer (EFT)

Employee Direct Payment Authorization



This Employee Direct Payment Authorization Form (Form) is used as an authorization for Electronic Funds Transfer (EFT)/Automated Clearing House (ACH) payments and contains payment-related information processed through the City of Carlsbad's ("City") Automated Payment System. Recipients of these payments should bring this information to the attention of their financial institution when completing this Form. It may take a week or more to set up an employee for EFT payments. Checks will be disbursed, as applicable, on employee reimbursements until the EFT setup has been completed.

PRIVACY ACT STATEMENT The following information is provided to comply with the Privacy Act of 1974. All information collected on this Form will be used by the City to transmit payment data, by electronic means to employee's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House System.

ACCOUNT VALIDATION For the purpose of EFT payments, employees are requested to ensure the account specified on this Form remains active until receipt of the last anticipated EFT payment into the referenced account. This assurance will assist in the guarantee of prompt payment. **Please note:** If any employee's account is deemed "invalid" at any time during the EFT process, that specific employee will be contacted and a new updated and completed Form will be required.

Section I: Requested Action (Completed by Employee) – Employee checks the box indicating the desired action, e.g. new, change, delete.

Section II: Employee Information (Completed by Employee) – Employee prints or types (*preferred method*) the name of the employee that will receive ACH employee payments, the employee telephone number, the employee's email address (used for remittance notifications; can be a personal or work email), and signs the Form.

Section III: Financial Institution Information (Completed by Employee) – Employee prints or types (*preferred method*) the name and address of the employee's financial institution who will receive the ACH payment and the applicable telephone number, nine-digit routing transit number, depositor (employee) account title and account number. The employee checks the appropriate box indicating the type of account to be used (i.e. checking or savings). *NOTE: An example of a voided check, shown below, indicates where to locate the routing transit number for your bank and your bank account number.*

The image shows a sample voided check with the following fields and labels:

- NAME**: [Blank]
- ADDRESS**: [Blank]
- CITY, STATE ZIP**: [Blank]
- DATE**: [Blank]
- PAY TO THE ORDER OF**: [Blank]
- \$**: [Blank]
- DOLLARS**: [Blank]
- BANK NAME**: [Blank]
- ADDRESS**: [Blank]
- CITY, STATE ZIP**: [Blank]
- FOR**: [Blank]
- MICR Line**: ⑆012345678⑆ 01234567890123⑆ 0123
- Bank Routing Number**: 012345678
- Bank Account Number**: 01234567890123
- Check Number**: 0123

Section IV: Agency Information (Completed by City of Carlsbad) – This section is filled out by the City. It also includes the return address for this Form. The designated City contact person's name, telephone number, and fax are also listed, along with an email address. The employee's "vendor" number may be filled out by the City when the Form is sent out or when the Form is returned to the City.

Instructions for Electronic Funds Transfer (EFT)

Employee Direct Payment Authorization



SECTION I

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

Please check appropriate box(es):

- | | |
|--------------------|-----------------------------------|
| New EFT Account | Change in EFT Contact Information |
| Delete EFT Account | Change in Bank Information |

SECTION II

EMPLOYEE INFORMATION *(To Be Completed By Employee – All Fields Required)*

EMPLOYEE NAME PHONE NUMBER (PERSONAL)

DEPARTMENT NAME PHONE NUMBER (WORK)

E-MAIL ADDRESS *(For remittance notifications)*

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 Employee

Print Name

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 Employee – All Fields Required)*

FINANCIAL INSTITUTION NAME

STREET ADDRESS CITY STATE ZIP CODE

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: