

Vendor ACH/Direct Deposit Authorization Form
City of Fontana Purchasing Office

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: **Checking** **Savings**

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize City of Fontana Accounts to electronically deposit payments to the bank account designated above. It is my responsibility to notify the City of Fontana (AccountsPayable@Fontana.org or (909)350-7612) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify the City of Fontana in writing immediately of any changes in status or banking information. I understand that this authorization will remain in effect until City of Fontana has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____

Signature: _____

Date: _____

Important Information

The first payment after this is set up will be a check and a file will be sent to the bank with the information provided. If the bank accepts the file and does not indicate any errors the next payment will be made via EFT.

Purchasing Office Use Only	Vendor Number
Reviewed and Approved:	
Date:	