Electronic Funds Transfer (EFT)

Vendor Direct Payment Authorization



This Vendor 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 a vendor for EFT payments. Checks will be disbursed, as applicable, on vendor invoices 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 vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House System.

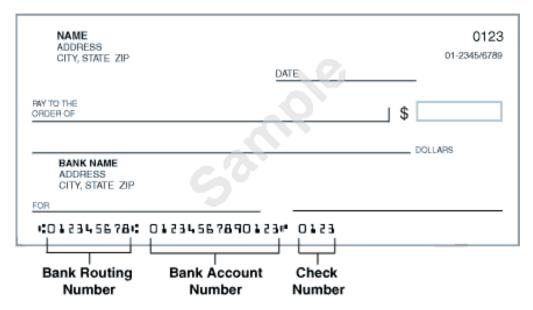
ACCOUNT VALIDATION For the purpose of EFT payments, vendors are requested to ensure the account specified on this Form remains active until receipt of the last anticipated EFT payment into the referenced account. This assurance will assist in the guarantee of prompt payment. **Please note**: If any vendor's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

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

Section II: Vendor Information (Completed by Vendor) – Payee prints or types (preferred method) the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, Federal Employer ID (FEIN) or Social Security Number (SSN), designated contact person, assigned telephone number, and signs the Form. NOTE: If a corporation, Form must be signed by one corporate officer from each of the following two groups:

Group A Group B
Chairman, Secretary,
President, or Assistant-Secretary, or
Vice-President CFO or Assistant Treasurer

Section III: Financial Institution Information (Completed by Vendor) – Vendor prints or types (preferred method) the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. The vendor 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.



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 contact person's name, telephone number, and fax are also listed, along with an email address. The 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)





SECTION I

REQUES	STED ACTION (To Be Completed	By Payee – At I	Least One Field Requ	ired)	
Please check appropriate box(es):					
New EFT Account Change in EFT Contact Info		ormation			
Delete EFT Account	on				
SECTION II					
VEND	OOR INFORMATION (To Be Com	pleted By Paye	e – All Fields Require	ed)	
SOCIAL SECURITY NUMBER		TAXPAYER IDENTIFICATION NUMBER			
(Owner SSN required for sole prop	orietorships and DBA's)	(Federal TIN เ	ısed to file Federal to	ax return)	
BUSINESS NAME					
STREET ADDRESS		CITY	STATE	ZIP CODE	
CONTACT NAME		PHONE NUMI	BER		
E-MAIL ADDRESS (For remittance	notifications - Limited to one en	nail)			
I hereby authorize the City of Carl	sbad (City) to initiate deposit (c	redit) entries a	nd. if necessary, adi	ustments for any credit entries	
made in error to the bank accoun					
correct duplicate or erroneous pa					
·					
Signature of Authorized Officer/P	Print Name/Title of Authorized Officer				
Signature of Authorized Officer/Payee		Print Name/Title of Authorized Officer			
This authorization agreement ren	nains in full force and effect unt	il the City has a	cted on a written re	quest for termination. Such	
termination must be made in sucl	n time and in such manner as to	afford the City	a reasonable oppor	tunity to act on it. All future	
payments from the City will be maked on your financial institution		on. Funds will b	e deposited (credite	ed) to the above account	
SECTION III	. ,				
	NSTITUTION 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:				
	GENCY INFORMATION (To Be C	ompleted By Th	ne City Of Carlsbad)		
ADDRESS: City of Carlsbad 1635	· · · · · · · · · · · · · · · · · · ·	VENDOR			
CONTACT: Helen Morones		PHONE NUN	PHONE NUMBER: 760-602-2424 Verification 1:		
EMAIL: Accounts.Payable@carlsbadca.gov		FAX NUMBE	FAX NUMBER: 760-602-8553 Verification 2:		