

The City of Vacaville can now make invoice payment by electronic transfer. If you would like to participate please complete this form and return to Accounts Payable in the enclosed envelope.



**ELECTRONIC TRANSFER SIGN - UP
AUTHORIZATION FORM**
City of Vacaville
Accounts Payable
(707) 449-5122 or 449-5325

Name <i>(Print)</i>
Address
City, State, Zip
Phone (area code)

Attach voided check here.

ACCOUNT INFORMATION

Financial Institution <i>(Print)</i>
Street Address
City, State Zip
Phone
<p>Check One</p> <p>START <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/></p>
Account Number _____
Routing Number _____ <small>(First 9 digits on check)</small>

Complete this form and indicate whether pay is to be deposited into checking or savings account. If depositing into checking account, attach a check to the form. Print "VOID" across the front of the check. For savings, please obtain the correct transit routing and account number from your financial institution.

Return this form to: **City of Vacaville, Accounts Payable, 650 Merchant St, Vacaville, CA 95688**

I hereby authorize the City of Vacaville to initiate deposits and/or corrections to the financial institution as indicated above. This authorization will remain in effect until I revoke it in writing to the City of Vacaville. I understand that any changes require a minimum fifteen (15) day notification to Accounts Payable.

Please verify your Federal Tax reporting ID Number

corporation: yes no - Thank You

Signature

Date