



EFT AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO:

City of Davis Finance Department
 23 Russell Boulevard, Suite 3
 Davis, CA 95616 (530) 757-5607

PART 1: Transaction Type

New Setup	Change Financial Institution	Change Account Type
Cancellation	Change Account Number	

PART 2: Payee Identification

1. Company Name		2. Business Phone	
3. Address	4. City	5. State	6. Zip
7. Primary Contact Name	8. Contact Email	9. Fax #	

PART 3: Authorization for Setup, Changes, or Cancellation

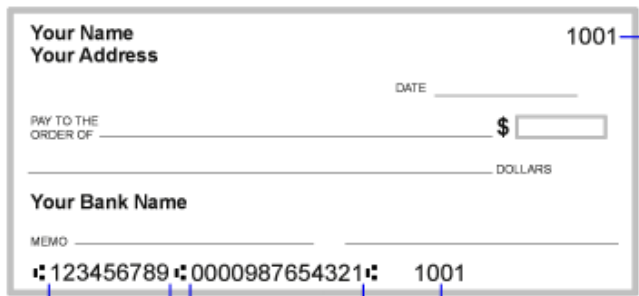
I hereby request and authorize the City of Davis to deposit payments by electronic funds transfer into the account specified below and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 4 - 6 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

10. Authorized Signature X	11. Printed Name	12. Date
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PART 4: Financial Institution

13. Financial Institution Name	14. City	15. State	16. Zip
17. Routing Transit Number	18. Bank Account Number	19. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	



9 Digit Routing Number Your Account Number Check Number

Instructions:

1. Fill in all fields (1 – 19) legibly and completely. (Keep a copy for your records)
2. Send the Form to address indicated at top of form.
3. You must notify the Accounts Payable department immediately of any changes to your account information.
4. Once the set-up has been activated, your payments will be transmitted via EFT permanently unless you fill out a new form and indicate that you are canceling the service.