



Electronic Funds Transfer (EFT)

Payment Enrollment Form



New EFT Account

Change in Bank Account

Delete EFT Account

Payee/Vendor Information

Name of Payee/Company: _____

Remittance Address: _____

City, State and Zip code: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Banking Information

Bank Name: _____

Bank Address: _____

City, State and Zip code: _____

ABA Routing #: _____ ****Please provide a bank print out showing Routing and Account number**

Account #: _____

Account Type: Select one: Checking Savings

Vendor Authorization

I hereby authorize the City of American Canyon and/or the American Canyon Fire Protection District, to initiate credit entries for vendor payments to the account indicated above. Pursuant to the National Automated Clearing House Association rules, the City of American Canyon may initiate a reversing file to recall a duplicate or erroneous entry or file which they previously initiated.

Authorized Signature

Name/Title

Phone number

Date

Please submit completed form to one of the following:

Email: EFT@cityofamericancanyon.org

US Mail: City of American Canyon
4381 Broadway Street, Suite 201
American Canyon, CA 94503
Attn: Accounts Payable

For Internal Use Only:

- * Oral Verification Completed: Yes No
- * Verified Vendor Contact (Name & Title/Position): _____
- * Verified by (City Employee): _____
- * Notes/Comment: _____