



City of Hemet

EFT PAYMENT AUTHORIZATION/ENROLLMENT FORM

Vendor Name:			
Mailing Address:	City	State	Zip Code
Contact Name:			
Fed Tax ID/Social Security(required for vendor verification):			
Email Address:			

_____New _____Change

Name on Bank Account:	Bank Name:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank ABA/Routing Number (9 digits): <i>Please type or print clearly</i>			
Bank Account Number: <i>Please type or print clearly</i>			

I certify the information provided on this form is correct, and I hereby authorize the City of Hemet Finance Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify City of Hemet 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 this authorization will remain in full force and effect until City of Hemet has received written notification requesting a change or cancellation.

Authorization:

Authorized Name/Title(please print)

Authorized Signature

Date

Send this form to:

City of Hemet
Accounts Payable-Regina Cardenas
445 E Florida Ave
Hemet CA 92543

OR

Email form to:

rgcardenas@cityofhemet.org

Fax form to: (951)765-2337