



ACH / EFT AUTHORIZATION FORM

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / PHONE (310) 217-9500
WEB SITE: www.ci.gardena.ca.us

CITY of GARDENA

Vendor Information (Please Check One): New Setup Change

Vendor Name:

Address:

City, State, Zip Code:

Accounting/ACH Contact Name:

Contact Phone:

Contact Fax:

Email Address for Remittance Advice (**required**):

Above named Vendor hereby authorizes the City of Gardena to initiate Automated Clearing House electronic funds transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/ reimbursement of goods and/or services. Additionally, the above named Vendor authorizes the City of Gardena and the depository named below to initiate (if necessary), debit entries or adjustments of any erroneous credit entries to the account indicated below.

This authority is to remain in full force and effect until the City of Gardena has received **written notification from the above named Vendor of its termination**. Please provide at least **thirty (30) days written notice** for terminations and changes in banks or accounts. Failure to do so may result in deposit failure.

Banking Information (Please Check One): Checking Saving

Banking Institute:

Bank Account Name:

Bank Routing Number(ABA)*:

Bank Account Number:

*Please provide the 9 digit routing number from a check. The routing number from a deposit slip is invalid.

Submit a voided check OR bank documentation with this form

Vendor Authorization:

Authorized Signature: _____ Date: _____
(Authorized officer or company owner)

Name: _____ Title: _____
(Please print name and title)