

City of Chino

Electronic Funds Transfer Authorization Form

Upload Completed Form AND copy of VOIDED check to: jchassagne@cityofchino.org Phone: 909.334.3366

Fax Completed Form to: 909.334.3719 The fax number goes directly to the email address listed above

PLEASE COMPLETE THIS FORM AND RETURN TO: City of Chino, Attn: Jessica Chassagne, P.O. Box 667, Chino, CA 91710

PART 1: Transaction Type

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

PART 2: Payee Identification-print or type

Company Name: _____

Address: _____

Business Phone: _____ Fax Number: _____

City/State/Zip Code: _____

Primary Contact email address: _____

PART 3: Authorization for Setup, Changes, or Cancellation

I hereby request and authorize the City of Chino 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 the 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 30 days for initiation or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

Authorized Signature	Printed Name	Title	Date
X _____	_____	_____	_____

Part 4: Financial Institution


Financial Institution Name: _____

Address: _____ City/State/Zip: _____

Routing Transit Number (9 digit #): _____

Bank Account Number: _____

Type of Account: Checking Savings

PART 5: Attach a VOIDED check here-  The **Company Name, Routing Number** and **Customer Account Number** on the attached voided check **must match** the information provided in Part 4.

Information to Review: Fill in all fields above ~ Keep a copy for your records ~ Attach a voided check to front of form ~ Send the form or email to the address indicated at the top of the of the form ~ **You must notify the Accounts Payable Department immediately of any changes to your account information** ~ Once the setup has been activated, your payments will be transmitted via EFT permanently, unless you fill out a new form and indicate that you are changing or updating any of the services.

For City of Chino Use- Date Received _____ Date Entered: _____ Email to A/P: _____