



CITY OF MORENO VALLEY
Financial & Administrative
Services Department
14177 Frederick Street
P. O. Box 88005
Moreno Valley, CA 92552-0805
Telephone: 951.413.3021
FAX: 951.413.3096

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name _____
Address Street _____
City, State, Zip _____
Telephone _____
Contact Name _____
Contact e-mail _____

Complete this section for **new enrollments** or for **financial institution or account changes**.

Select One: New Enrollment Financial Institution or
 Account Change

Bank Name _____
Branch (if applicable) _____
Address (Street) _____
City, State, Zip _____
Transit/Routing Number _____
Bank Account Number _____
Account Type (Check one) Checking Account Savings Account

I, the undersigned, authorize the City of Moreno Valley to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the City of Moreno Valley to post these transactions to that account. This authorization will remain in force until the City of Moreno Valley receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

Signature _____ Date _____
Name (printed) _____ Title _____

Complete this section to **cancel** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for the City of Moreno Valley to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the City of Moreno Valley has reasonable time to act upon it.

Signature _____ Date _____
Name (printed) _____ Title _____

Mail the completed form to the address above or fax to 951.413.3096.

For City of Moreno Valley use only

Vendor Number _____ Date Received _____