



Electronic Funds Transfer Authorization (via Automated Clearing House)

| PART I. Enrollment Type | | | |
|--|---------------------------------|---|---------------------------------|
| <i>Please select the box that indicates the enrollment action.</i> | | | |
| <input type="checkbox"/> New | <input type="checkbox"/> Change | <input type="checkbox"/> Bank Certification | <input type="checkbox"/> Cancel |

| PART II. Remittance E-Mail Notification |
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| <i>Please provide one or more e-mail addresses where ACH remittance information should be sent:</i> |
| E-mail 1: |
| E-mail 2: |

| PART III. Account Information | |
|---|---------------------------|
| Name of Individual/Business: | |
| Name of Financial Institution: | |
| Branch Number or Name: | Branch Phone: |
| Financial Institution Address (Number and Street): | |
| City: | State: |
| Zip Code: | |
| Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Nine-Digit Routing Number: | Depositor Account Number: |
| Re-enter Routing Number: | Re-enter Account Number: |

| PART IV. Authorization |
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| <p>1. Select the appropriate action:</p> <p><input type="checkbox"/> Authorize direct deposit of payments due the entity named in Part III</p> <p><input type="checkbox"/> Cancel direct deposit for the entity named in Part III</p> <p>2. Provide certification information:</p> <p><input type="checkbox"/> I certify that the entire amounts authorized to be received by this account are not subject to be transferred to a foreign bank account. <u>I acknowledge that if this box is not selected, the City of Garden Grove will issue all payments by check only.</u></p> <p>If I transfer money from this account to an offshore bank, I will cancel this authorization and notify the City of Garden Grove. This authorization remains in full force and effect until the City of Garden Grove receives written notification from the entity of its termination in such manner as to afford the City of Garden Grove and financial institution a reasonable opportunity to act on it, or until the City of Garden Grove terminates the agreement. This authorization and any future notices must be sent to one of the contacts listed in Part V:</p> |
| <p style="text-align: center;">Authorized Signature of Entity Named in Part III:</p> <p>× _____ Date: _____</p> <p style="text-align: center;"><i>Signature</i></p> <p>Provide the last 4-digits the taxpayer identification number associated with this vendor: _____ Phone: _____</p> <p>Please attach a voided check or certification for listed financial institution:</p> |

| PART V. General Instructions |
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| <p>I. To enroll for direct deposit of payments from the City of Garden Grove or change, certify, or cancel your existing direct deposit, complete parts I, II, III and IV of this form (all information must be legible).</p> <p>II. To obtain routing number or account number information, contact your financial institution.</p> <p>III. Your direct deposit will continue to be deposited into your designated account at your financial institution until the City of Garden Grove is notified that you wish to re-designate your account and/or your financial institution. To re-designate, complete and submit a new form with the new information. <i>Do not close your old account until your first payment is deposited into your newly designated account and/or financial institution.</i></p> <p>IV. Submit this form and voided check or certification for listed financial institution to:</p> <p style="text-align: center;">Accountspayable@ggcity.org or City of Garden Grove: Finance Dept. Accounts Payable P.O. BOX 3070 Garden Grove, CA 92840</p> |