



Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

Vendor/Payee Information:

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

Financial Institution Information: (Please attach a voided check or letter from your bank with Routing Number and Account Number)

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:

Checking

Savings

Approvals/Authorizations : I certify that the information provided on this form is correct, and I hereby authorize the City of Fairfield Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify the City of Fairfield (accountspayable@fairfield.ca.gov) 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 I must notify the City of Fairfield in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until the City of Fairfield Accounts Payable has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

Important Information

Please return completed form via email: accountspayable@fairfield.ca.gov

For City Use Only

Date Received:

Verification:

(Name & Phone #)

Department Using Vendor:

Approved By:

Date: