

EFT AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM AND RETURN TO: City of Roseville Finance Department
311 Vernon Street
Roseville, CA 95678 (916) 774-5477

PART 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution	<input type="checkbox"/> Change Account Type
<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change Account Number	

PART 2: Payee Identification

1. Company Name		2. Business Phone	
3. Address	4. Primary Contact email address	5. Fax Number	
6. City	7. State	8. Zip	

PART 3: Authorization for Setup, Changes, or Cancellation

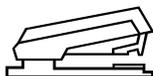
I hereby request and authorize the City of Roseville to deposit payments by electronic funds transfer into the account specified below and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this 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 4 - 6 weeks for initiating or terminating Electronic Funds Transfer and is responsible for notification of any change in financial institution information.

9. Authorized Signature X	10. Printed Name	11. Date
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PART 4: Financial Institution

12. Financial Institution Name	13. City	14. State	15. Zip
16. Routing Transit Number — —	17. Bank Account Number		18. Type of Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS



The *Company Name*, *Routing Transit Number* and *Customer Account Number* on the attached voided check **must match** the information provided in Part 4. If any discrepancies are identified, the EFT setup will be terminated and the company will need to reapply.

PART 5. Attach a VOIDED check here

Instructions:

1. Fill in all fields (1 - 18) legibly and completely. (Keep a copy for your own records)
2. Attach a voided check to front of form. Make sure that the account number and bank routing numbers at the bottom of the check are the same ones you indicated in items 16 - 17.
3. Send the Form to address indicated at top of form.
3. You must notify the Accounts Payable department *immediately* of any changes to your account information.
4. Once the set-up has been activated, your payments will be transmitted via EFT permanently, unless you fill out a new form and indicate that you are canceling the service.