



DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the City of Montebello to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated below. The financial institution is authorized to credit and/or correct the amounts to my account. This authority will remain in full force and effect until I revoke it by giving **10 days** prior written notice to the City of Montebello Finance Department.

Vendor Name	Vendor Number
Accounts Receivable Email	Phone
Vendor/Authorized Representative Signature	Date

DEPOSIT ACCOUNT INFORMATION

New Change

Financial Institution	Name on Account
Routing Number	Account Number
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

PLEASE ATTACH AN ORIGINAL VOIDED CHECK

FINANCE DEPARTMENT USE

New request:

City initiated

New unsolicited request to enroll:

- Vendor rep. able to provide invoice number and amount paid
- Vendor was able to provide his/her SSN
- Vendor provided previous Bank & Routing number
- Account & Routing numbers match numbers on endorsement side of City's AP check previously paid vendor

Change Request:

Used contact information on file, Verbally verified with vendor's AR department.

Date called: _____ Name of vendor rep.: _____

Finance Staff Name	Approver Signature - Name and Title (Must be Supervisor or Higher)
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