CITY OF MOORPARK

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM

☐ **New Enrollment** ☐ **Change to Current Enrollment** ☐ **Cancel Enrollement**

VENDOR INFORMATION (AS IT APPEARS ON FORM W-9)

Business Name: _____

Address: _____

_____

Contact Person: _____

Phone #: _____

Email Address: _____

BANK INFORMATION

Name of Bank: _____

Bank Branch Address: _____

Account #: _____

Routing Transit #: _____

Type of Account: ☐ Savings ☐ Checking

AUTHORIZATION

I, as an authorized official for the above named company, certify that the information provided on this form is correct, and I hereby authorize City of Moorpark to electronically deposit payments to the bank account designated above and to correct any errors which may occur from the transactions. It is my responsibility to notify City of Moorpark in writing of any changes in status or banking information. I understand that this authorization will remain in full force and effect until City of Moorpark 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.

_____	_____	_____
Signature	Authorized Official Name/Title	Date

The City of Moorpark reserves the right to reject this request at its sole discretion

Finance Use Only: V#: _____ Date Received: _____ Input: _____ _____
Initials Date

VDIRDEP-0420