



Vendor ACH/Direct Deposit Authorization Form
City of Beaumont

1. Please Check One:

NEW Direct Deposit CHANGE Direct Deposit CANCEL Direct Deposit

2. Vendor/Payee Information

Name:
Address:
Contact Person's Name (if other than payee):
Telephone Number:
Email Address:

3. Financial Institution Information

Bank Name:
Bank Address:
Name on Bank Account:
Bank Account Number:
Nine-Digit Bank Routing/Transit Number (ABA):
Type of Account: Checking Savings

4. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize City of Beaumont of Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify City of Beaumont AP (finance@beaumontca.gov or (951) 572-3236) 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 City of Beaumont AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until City of Beaumont AP 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 and a copy of a voided check via email: finance@beaumontca.gov

Table with 2 columns: For Office of Accounts Payable Use Only, Date Stamp - Received. Rows include AP Reviewed and Approved and Date.