ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

VENDOR INFORMATION:

Vendor Name | Vendor Number * | Service Code Number

Mailing Address | City | State | Zip Code

EFT Remittance Advice Contact Name and Email Address

( ) Telephone | Social Security or Employer Identification Number

ACCOUNT INFORMATION:

Bank Name | Vendor Name (as it appears on bank account)

Bank Routing Number (obtain from bank) | Account Number

Account Type (Checking or Savings) | Starting date (30 days from today's date to allow for pre-note)

I hereby authorize Alta California Regional Center to directly deposit payment for services in the bank account listed above. **I have attached a voided check or other documentation from my bank** for the account specified above. This authorization is to remain in force until the Regional Center has received written authorization to terminate or change EFT from an authorized representative.

I understand that payments are posted TWO BUSINESS DAYS after payment date. To see a schedule of vendor payment dates, please visit us a www.altaregional.org. All Remittance Advice Forms will be emailed to the address you provide.

I will inform the Regional Center, in writing, of changes to my bank account, address, and/or email address. I understand that significant delays in payment may occur if I do not report bank account changes to the Regional Center and hold harmless the Regional Center for any bank fees I incur as a result of failure to notify the Regional Center of such changes.

A minimum of 30 days from the receipt of this application is required to process your EFT request. EFT payments will include payments for all vendor numbers going to the same bank account.

Authorized Representative (Print Name) | Signature | Date

Approved at Regional Center by | Date

Please attach a voided check here and mail to:

Alta California Regional Center
Accounting Department
2241 Harvard St, Ste 100
Sacramento, CA 95815