VENDOR ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM
RESIDENTIAL VENDORS – Consumer P & I Account

VENDOR INFORMATION:

Vendor Name

Vendor Number –If you have *more than one vendor #, a separate form must be completed for each #r.*

Service Code Number

Mailing Address

City State Zip Code

( )
Telephone

Social Security or Employer Identification Number

Mail check remittance advice? _____Yes _____No
(Yes if you want a detailed copy of your EFT payment)

ACCOUNT INFORMATION:

Bank Name

Vendor Name (as it appears on bank account)

Bank Routing Number (obtain from bank)

Bank Account Number

Account Type (**Checking**)>>>>>>>>>>>>>

Attach voided check HERE.

Account Type (**Savings**) >>>>>>>>>>>>>

Attach proper documentation from your bank HERE.

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Starting date for EFT processing>>>>>>>>>

A minimum of 30 days is required to establish EFT processing. Starting date must be at least 30 days from today.

EFT payments will include payments for all Vendor Numbers going to the same bank account.

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 bank documentation for the account specified above**. This authorization is to remain in force until Alta California Regional Center has received written authorization from an authorized representative of a termination or change.

Authorized Representative (Print Name)

Signature Date

Approved at Regional Center by

Date

MAIL TO: Alta California Regional Center
Accounting Department
2135 Butano Drive
Sacramento, CA 95825