



# FISCAL MANAGEMENT & STRATEGIC PLANNING

## Accounting Services

# ELECTRONIC FUNDS TRANSFER AUTHORIZATION

The City of Irvine can pay vendors by electronic funds transfer (EFT). If you wish to participate, please complete the information below and return completed form by U.S. mail to:

CITY OF IRVINE  
ATTN: Accounts Payable  
P.O. Box 19575  
Irvine, CA 92623-9575

If you wish to close your EFT account, change accounts, or have any questions, please call Accounting Services, Accounts Payable at 949-724-6051.

**An original voided check, deposit slip, or bank letter must be attached to this completed authorization agreement. Emails and PDFs are not accepted.**

<b>Joe Smith</b> <b>1234 Any Street</b> <b>Any City, AA 12345</b>	<b>1234</b>
SAMPLE	
Pay to the order of _____ _____ Dollars	
<b>Bank Anywhere</b>	
: <span style="border: 1px solid red; padding: 2px;">123456789</span>  : <span style="border: 1px solid blue; padding: 2px;">123456789123</span>  : <span style="border: 1px solid green; padding: 2px;">1234</span>	
<div style="border: 1px solid red; padding: 2px; width: fit-content; margin: 0 auto;">Routing Number</div>	<div style="border: 1px solid blue; padding: 2px; width: fit-content; margin: 0 auto;">Account Number</div>
<div style="border: 1px solid green; padding: 2px; width: fit-content; margin: 0 auto;">Check Number (Do not use)</div>	

SELECT APPROPRIATE BOX	
<input type="checkbox"/> <b>NEW</b> EFT Account	<input type="checkbox"/> <b>UPDATED</b> EFT Account Information
COMPANY/CONTRACTOR NAME	ACCOUNTS RECEIVABLE EMAIL ADDRESS
BANK NAME	
BANK ROUTING NUMBER	ACCOUNT NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE