



**ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT AUTHORIZATION FORM**

New Vendor Setup       Existing Vendor Update

**VENDOR INFORMATION:**

Legal Name of Business/Individual: \_\_\_\_\_

Taxpayer Identification Number (9-digit) ***(Please attach completed IRS Form W9)***: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address *(EFT remittance advice will be sent to this email)*: \_\_\_\_\_

**BANKING INFORMATION:**

Financial Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number (9-digit): \_\_\_\_\_ Account Number: \_\_\_\_\_

**VENDOR AUTHORIZATION:**

I hereby authorize the City of Mountain View ("City") to deposit, by electronic transfer, payments owed to me. I recognize that if I fail to provide complete and accurate information, the processing of the form may be delayed or my payments may be erroneously transferred electronically. I authorize and request the financial institution listed above to accept any payments by the City to such account and to credit the same to such account.

I agree to comply with the National Automated Clearing House Association rules and regulations. This agreement will remain in effect until I notify the City of my desire to cancel or change this service or until the City notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. By signing below, I certify that the information provided is true and accurate in all respects.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Submit the completed form and a copy of W9 to:

Email: [Finance@mountainview.gov](mailto:Finance@mountainview.gov)  
or Mail: City of Mountain View  
Finance and Administrative Services Department  
Accounting Division  
500 Castro Street  
Mountain View, CA 94041

***FOR INTERNAL USE ONLY:***

PEID: \_\_\_\_\_

Entered by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_