



CITY OF BURBANK

ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

Mail to: City of Burbank, City Treasurer, Po Box 7145, Burbank, CA 91510;

or Fax to: 818-238-5885; or Email to: CityTreasurer@burbankca.gov

For assistance completing this form please call (818) 238-5880.

INSTRUCTIONS: Check the "New EFT Enrollment" box to sign up for EFT, check the "Change to Current EFT Enrollment" box if you are currently enrolled and are making changes to the Vendor and/or Financial Institution information you have already submitted. Check the "Cancel EFT Enrollment" box if you no longer wish to receive your payments via EFT.

The person completing this form must be an individual who can authorize changes related to Section 3-Financial Institution Information. The person signing this form in Section 4 must be the same Contact Person in Section 2.

Please complete all sections of this Enrollment Form and attach a voided check.

Note: Your application cannot be processed without this documentation.

1. REASON FOR SUBMISSION

New EFT Enrollment

Cancel EFT Enrollment

Change to Current EFT Enrollment (e.g. account or bank changes)

Since your last EFT authorization agreement submission with the City of Burbank, have you had a:

* Change of Ownership, and/or

* Change of Location

*If you checked either a change of ownership or change of location above, you must submit a new payee registration form to The City of Burbank's Financial Services Purchasing Division prior to submitting this EFT vendor payment enrollment form.

2. VENDOR INFORMATION

Vendor Name: _____

Vendor's Address: _____

Vendor's Email Address: _____

Employer Identification Number or Social Security Number

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Contact Name: _____ Telephone Number: _____

3. FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name: _____

Financial Institution's Address: _____

Financial Institution Account Number: _____

Financial Institution 9-digit Routing Number: _____

Account Type (must be either checking or savings): Checking Savings

Indicate if this is a: Personal Account Corporate Account

Financial Institution's Telephone Number: _____

4. VENDOR SIGNATURE AND AUTHORIZATION

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account, to issue these instructions to credit and/or debit the bank account. I authorize the City of Burbank to Direct Deposit all entitled payments to the account specified above and to initiate (if necessary) debit entries or adjustments for any credit (i) made in error, (ii) of an incorrect amount, (iii) that were duplicates of a correct payment. I understand that this authorization will remain in effect until a written authorization requesting cancellation is submitted.

Vendor Signature and Title (must be the same contact person from Section 2)

Date