

## Electronic Payment (ACH) Enrollment Form

<b>Payee/Company Information (To be Completed by Payee)</b>	
Name:	Social Security or Taxpayer Identification Number:
Address:	Depositor Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Email Address (for payment notification only):
Contact Person Name:	Telephone Number: (     )
Payee/Joint Payee Certification: I certify that I am entitled to the payments identified with this Taxpayer/Social Security number. In signing this form, I authorize my payment to be sent to the financial institution named below and deposited to the designated account.	Signature _____ Title _____
	Signature _____ Title _____
	Signature _____ Title _____

*The City of Santa Ana must be notified of any bank account changes. Failure to notify the City of such changes may result in your payment being delayed.*

<b>Bank/Financial Institution Information (To be Completed by Financial Institution)</b>			
Depositor Account Title:	Name of Financial Institution:		
Mailing Address on Bank Account:	Address of Financial Institution:		
ACH Coordinator Name:	Telephone Number: (     )		
Nine-Digit Routing Transit Number: <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div>			
Depositor Account Number:			
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking			
Financial Institution Certification: I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31CFR Parts 240, 209, and 210.			
Print or Type Representative's Name:	Signature of Representative:	Telephone Number:	Date: