



COUNTY OF MONTEREY

Electronic Funds Transfer (EFT)

Enrollment Request Form (v. December 2023)

Return the completed form and required documents to:

County of Monterey Auditor-Controller
ATTN: Accounts Payable
PO Box 390
Salinas, CA 93902
1110-AccountsPayable@co.monterey.ca.us

Please TYPE or PRINT clearly to ensure accurate processing. Please make sure to sign and date the form. (Keep a copy for your records.)

SECTION I: PAYEE INFORMATION (TO BE COMPLETED ONLY BY PAYEE) (All Fields mark with an asterisk (*) are required.)

Check one *:	New Vendor: <input type="checkbox"/>	Registered Vendor: <input type="checkbox"/>	County Vendor ID :	<input type="text"/>
Legal Name *:	<input type="text"/>		Taxpayer ID *:	<input type="text"/>
Alias/DBA:	<input type="text"/>			
Physical Address *:	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	Zip: <input type="text"/>
Mailing Address: <small>(if different from the address above)</small>	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	Zip: <input type="text"/>
Primary Contact Name *:	<input type="text"/>			
Primary Contact Title *:	<input type="text"/>		Daytime Phone *:	<input type="text"/>
Email Address *:	<input type="text"/>		Fax Number:	<input type="text"/>

SECTION II: EFT ENROLLMENT REQUEST TYPE (Select One) (All Fields mark with an asterisk (*) are required.)

<input type="checkbox"/>	Add new EFT	**For verification purposes, all change requests require previous account info on file.	Previous Bank Name:	<input type="text"/>
<input type="checkbox"/>	Cancel existing EFT		Previous Routing Number:	<input type="text"/>
<input type="checkbox"/>	Change existing EFT Payment Instruction**		Previous Account Number:	<input type="text"/>

SECTION III: BANK/FINANCIAL INSTITUTION ACCOUNT VERIFICATION (All Fields are required.)

Bank/Financial Institution Name:	<input type="text"/>	Branch Name/Number:	<input type="text"/>
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
ABA Routing Number (9-digit):	<input type="text"/>	Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number (Maximum 17 digit)	<input type="text"/>		
Account Title (Account Holder's Name):	<input type="text"/>		
Remittance Email:	<input type="text"/>		

SECTION IV: REQUIRED PAYEE & BANK VERIFICATION DOCUMENTS

EFT enrollment requests must include the following documents including bank authorized ACH verification document.

- If you are the owner of the account at the financial institution, include a voided check pre-printed with the payee's name, bank account and routing information. (County does not accept a direct deposit slip.)
- If you are not an owner on the account, include a voided check pre-printed with the business information, bank account and routing information **AND** a Bank Certification Letter on the bank letterhead, the bank representative's contact information and signature.

SECTION V: PAYEE EFT ENROLLMENT REQUEST AND AUTHORIZATION

I certify that the information above is true and correct, and that I, as a representative for the above named company, hereby request and authorize the County of Monterey to deposit payments by electronic funds transfer into the account specified below and if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed/denied, or my payments may be erroneously transferred electronically. I understand that this authorization will remain in full force and effect until County of Monterey has received a thirty (30) days written notification requesting a change or cancellation. I understand that I am responsible to notify the County of Monterey in writing immediately of any changes in status or banking information, and I must allow up to 4 weeks for initiating or terminating Electronic Funds Transfer.

EFT Payment Requestor

Name:

Title:

Phone:

Email:

Authorized Individual (Must be different than Requestor)

Name:

Title:

Phone:

Email:

SIGN HERE →

EFT Requestor Signature & Date

SIGN HERE →

Authorized Individual Signature & Date (Businesses Only)



COUNTY OF MONTEREY

Electronic Funds Transfer (EFT) Enrollment Instructions (v. December 2023)

Thank you for your interest in receiving electronic payments from the County of Monterey. By enrolling for electronic fund transfers, you authorize us to pay your invoices by initiating direct deposit entries to your checking or savings account.

You may revoke your direct deposit authorization at any time by providing a thirty (30) days written notification to us at 1110-AccountsPayable@co.monterey.ca.us.

To complete enrollment, payees need to complete an Electronic Funds Transfer (EFT) Enrollment Request Form and provide all required verification documents. Both an EFT Enrollment Form and one of the allowable bank authorized documents must be provided for each unique bank account being registered. County may request an updated Vendor Data Record (VDR) form if necessary.

The EFT Enrollment Request Form consists of six sections, which are required for approval. Please TYPE or PRINT clearly to ensure accurate processing.

SECTION I - PAYEE INFORMATION

- (i) Indicate whether you are a new vendor or an existing registered vendor by selecting an appropriate check box.
- (ii) If you are a registered vendor with the County of Monterey, please provide your Vendor ID.
- (iii) Enter the payee's legal name and tax payer identification number matching the information registered with the County.
- (iv) Provide your physical address information. This is required.
- (v) Provide your Primary Contact Name, Title, Daytime Phone Number and Email addresses.

SECTION II - EFT ENROLLMENT REQUEST TYPE

- (i) Select the applicable request type for either adding new EFT information or changing the existing EFT information currently applicable on the payee's County Vendor ID.
- (ii) To prevent fraudulent bank changes, change requests require verification of bank account and routing numbers currently on file prior to update.

SECTION III - BANK/FINANCIAL INSTITUTION ACCOUNT VERIFICATION

- (i) Provide your Bank/Financial Institution Information. All fields are required.

SECTION IV - REQUIRED PAYEE & BANK VERIFICATION DOCUMENTS

- (i) If you are the account owner, provide a voided check with the payee's name, bank account and routing information. Account number and all owner names must be pre-printed and unaltered.
- (ii) If you are not the account owner, provide a voided check pre-printed with the business information, bank account and routing information **AND** a Bank Certification Letter on the bank letterhead, the bank's representative's contact information and signature.

SECTION V - PAYEE EFT ENROLLMENT REQUEST AND AUTHORIZATION

- (i) Sole proprietors, individuals and single member LLCs - Enter only the individual's or single member owner's information and signature as the authorized individual. No other signatures are required.
- (ii) All other business classifications must include information and signatures for both a Requestor and Authorized individual.
 - a. The Requestor is an individual who has authority to initiate the EFT payment request on behalf of the company.
 - b. The Authorized Individual is required to sign for secondary authorization purposes and must be someone different from the Requestor, such as a business official or manager with company verification authority.

Please make sure to sign and date the form. Keep a copy for your records.

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