CITY OF MONTEREY
DIRECT DEPOSIT FORM
ACCOUNTS PAYABLE VENDOR

Accts. Payable Office
735 Pacific Street, Suite A
Monterey, CA 93940
(831) 646-3943
fax(831) 646-3455

PLEASE COMPLETE FORM & CHECK THE APPROPRIATE BOXES

VENDOR NAME _____ VENDOR # _____
if known

E-MAIL ADDRESS _____ PHONE#_____

☐ Vendor ☐ Employee (Reimbursements)

____ *START ORIGINAL DEPOSIT FOR THIS ACCOUNT* ***(For new accounts, please attach voided check or bank authorization form for correct routing number)***

____ CHANGE ACCOUNT NUMBER

____ CHANGE BANK

IS THIS FOR A ___CHECKING or ___SAVINGS ACCOUNT? (check one)

BANK/CREDIT UNION NAME _____

YOUR BANK ACCOUNT # _____

FOR ACCTS. PAYABLE USE ONLY ABA # ___/___/___/___/___/___/___/___/___/

I AUTHORIZE THE CITY OF MONTEREY TO MAKE THE DIRECT DEPOSIT CHANGES CONTAINED HEREIN. I ACKNOWLEDGE THAT I WILL ONLY RECEIVE AN ITEMIZED STATEMENT BY E-MAIL FOR PAYMENTS SENT BY DIRECT DEPOSIT.

A/P USE ONLY

Date Entered:_____

By: _____

_____

SIGNATURE DATE