City of Solana Beach

DIRECT DEPOSIT FORM

Fed. ID # _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize The City of Solana Beach, hereafter called City, to initiate payments to my account indicated below.

Select one: ☐ New Authorization ☐ Cancellation

Type of Account: ☐ Checking (Attach a voided check) ☐ Savings

Payee Name	
Address (Street) (City) (State) (Zip Code)	
TIN or Social Security Number	Email (required for EFT notification)
Depository Name (Bank Name)	Branch
Address (Street) (City) (State) (Zip Code)	

VERIFY NUMBERS WITH YOUR BANK

Transit Routing / ABA Number

Account Number Information

This authority is to remain in effect until City has received written notification from me of its termination in such time and such manner as to afford City and Depository a reasonable opportunity to act.

Print Name: _____ Phone: _____

Title: _____ Email: _____

Authorized Signature: _____ Date: _____

REMEMBER TO:

1. Sign and date
2. ATTACH A VOIDED CHECK (If Checking Account)

NOTE: Direct Deposit is subject to electronic pre-notification to your bank. This process takes approximately 60-90 days to complete.

For City Use Only

Vendor # _____ K/P Change _____ Prenote Sent _____ Initials _____