



# ACH Direct Deposit Authorization

**All fields in this section must be completed**

**Payment**

New ACH Enrollment       Revised ACH Enrollment

Payee Name       Vendor/Employee No.       Email Address for Remittance Advice

Mailing Address (Number and Street)       City       State       Zip Code

**All fields in this section must be completed for a new or a revised ACH enrollment.**

**Account Information**

Checking Account       Savings Account

Financial Institution Name

Financial Institution Address (Number and Street)       City       State       Zip Code

Routing Number (ABA) / Swift Code (9-digits)

Account Number

John Smith  
123 Main Street  
Anywhere, USA 12345      DATE 1050

PAY TO THE ORDER OF \_\_\_\_\_

Bank of U.S.  
Anywhere, USA

MEMO \_\_\_\_\_

241022233      333962222      1050

Routing/ABA No.      Account No.

**IMPORTANT:**  
Attach voided  
check or Bank  
Authorization  
Form

**All fields in this section must be completed. The City of Monterey will not initiate an ACH Direct Payment without a signed and dated authorization.**

**Authorization**

I authorize the City of Monterey to deposit warrant or check amounts owed to me by the City of Monterey and if necessary to make debit entries and adjustments to offset any amounts deposited electronically in error, via ACH transactions.

I understand and agree that the City of Monterey is not responsible for deposit errors resulting from receipt of incorrect banking information or banking charges not communicated nor is the City of Monterey responsible for any charges incurred as a result of receiving an ACH payment.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.

I certify that I am authorized to enter into this agreement on behalf of the payee and that the agreement will remain in full force and effect until the City of Monterey receives notification of a change or cancellation. I agree to provide the City of Monterey with a 30-day advance written notice of any change or cancellation

Authorized By (Print Full Name)       Title       Date

Authorizing Signature       Email       Phone

**Return Form To:**

The State of California Practices Act of 1977 (eff. 7/1/78) requires the City to provide the following information to individuals who are asked to supply information about themselves: The primary purpose for requesting information on this form is to acquire authorization to disburse payments directly to a financial institution of your choice. Furnishing all information on this form is mandatory, and failure to provide such information will delay or even prevent completion of the action for which the form is intended. The office responsible for maintenance of the information on this form is the City of Monterey, Finance Department.

This ACH agreement must be fully completed, signed, and returned with a voided check or bank authorization form to initiate the ACH processing setup. You will be established as an ACH vendor and all future payments will be made via ACH upon completion. You will receive a confirmation email for your ACH setup.

**Questions regarding this form or your ACH transactions should be directed to:**      **City of Monterey - Accounts Payable Division**  
**735 Pacific St, Ste. A**  
**Monterey, CA 93940**  
**Phone: (831)646-3943 FAX: (831)646-3455**

DocuSigned by:  
*Anne Brenton*      4/24/2026 | 3:24 PM PDT  
 A46004E6DE02400...

**FINANCE DEPARTMENT INTERNAL USE ONLY**

Date received

Verified by #1

Verified by #2

Name of person confirmed with: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Contacted by :  Phone  Email  Other

if other, explain: \_\_\_\_\_

Date: \_\_\_\_\_