



## ACH PAYMENT AUTHORIZATION FORM

### Vendor Information

Legal Name of Business/Individual: \_\_\_\_\_

Taxpayer Identification Number (9-digit) (***Please attach completed IRS Form W9***): \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (*to receive ACH remittance advice*): \_\_\_\_\_

### Banking Information

Account Type:  Checking  Savings

Financial Institution Name: \_\_\_\_\_ Routing Number (9-digit): \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Vendor Authorization

I hereby authorize the City of Mountain View ("City") to deposit, by electronic transfer, payments owed to me. I recognize that if I fail to provide complete and accurate information, the processing of the form may be delayed or my payments may be erroneously transferred electronically. I authorize and request the financial institution listed above to accept any payments by the City to such account and to credit the same to such account. I agree to comply with the National Automated Clearing House Association rules and regulations. This agreement will remain in effect until I notify the City of my desire to cancel or change this service or until the City notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. By signing below, I certify that the information provided is true and accurate in all respects.

Authorized Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

### Submit completed form with a copy of Form W9 via:

Email: [Finance@mountainview.gov](mailto:Finance@mountainview.gov)

or Mail: City of Mountain View  
Finance and Administrative Services Department  
Accounting Division  
500 Castro Street  
Mountain View, CA 94041

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### **FOR INTERNAL USE ONLY:**

The above information was verified by \_\_\_\_\_ with \_\_\_\_\_ on \_\_\_\_\_  
(Staff Name) (Name of vendor representative) (Date)

Vendor database and submitted forms are reviewed by \_\_\_\_\_ on \_\_\_\_\_ PEID: \_\_\_\_\_  
(Staff Name) (Date)