

CITY OF CULVER CITY ♦ FINANCE DEPARTMENT

**AUTOMATED CLEARING HOUSE (ACH) PAYMENTS
CUSTOMER ENROLLMENT FORM**

GENERAL INSTRUCTIONS

Please complete all sections of the ACH Payments Enrollment Application and forward the completed application along with a voided check that includes the routing number, bank account number, customer's name and address to: City of Culver City, Accounts Receivable ACH, 9770 Culver Boulevard, CA 90232, or E-MAIL to: accounts.receivable@culvercity.org.

SECTION I – APPLICATION FOR

1. Check one option only.
 - a. Check New Enrollment: If you are signing up the first time.
 - b. Check Updated Banking Information: If you are changing your banking information like Name of the Bank, Account Name, Routing Number, Bank Account Number or Account Type.
 - c. Check Cancel Auto-Pay: If you are cancelling the auto-pay enrollment and no longer want to pay thru Auto-Pay.

SECTION II – CUSTOMER INFORMATION

1. Enter the type of service. Example: Refuse, Monthly Parking, Outdoor Dining, etc.
2. Provide the customer number (as it appears on the invoice).
3. Provide the name of the customer (as it appears on the invoice).
4. Enter the customer's complete address for ACH correspondence associated with this account.
5. Provide the customer's E-mail address, if you have one. (This is extremely helpful when notifying the customer a payment has been processed.)
6. Indicate the name and telephone number of the customer's contact person. (If you are enrolling yourself individually, you are the contact person.)

SECTION III – FINANCIAL INSTITUTION INFORMATION

1. Indicate type of account. Account must be designated as either checking or savings. (Check one box only.)
2. Indicate the customer's account name.
3. Provide the bank's name.
4. Provide the complete address of your bank.
5. Indicate the 9-digit routing (ABA) transit number (located at the bottom of your check).
6. Indicate the customer's bank account number.

SECTION IV – SIGNATURE

1. Sign, print name and date where indicated.

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CUSTOMER ENROLLMENT FORM**

Mail to: City of Culver City, Attn: Accounts Receivable EFT, 9770 Culver Boulevard, Culver City, CA 90232, or **EMAIL to** accounts.receivable@culvercity.org.

INSTRUCTIONS: Please complete all sections of this Enrollment Form and attach a voided check that includes the customer's name and address. **Note: Your application cannot be processed without this documentation.** See reverse side for more information and instructions.

SECTION I – APPLICATION FOR: (CHECK ONE BOX ONLY)

NEW ENROLLMENT UPDATE BANKING INFORMATION CANCEL AUTO PAY

SECTION II – CUSTOMER INFORMATION

1. TYPE OF SERVICE (EXAMPLE: REFUSE, PARKING, etc.):

2. CUSTOMER NUMBER (AS IT APPEARS ON INVOICE):

3. CUSTOMER NAME (AS IT APPEARS ON INVOICE):

4. CUSTOMER'S SERVICE ADDRESS (FOR EFT ENROLLMENT PURPOSES):

STREET ADDRESS:

CITY:

STATE:

ZIP:

5. CUSTOMER'S E-MAIL ADDRESS:

6. CONTACT PERSON NAME:

CONTACT PERSON TELEPHONE NUMBER:

SECTION III – FINANCIAL INSTITUTION INFORMATION

1. ACCOUNT TYPE – MUST BE EITHER CHECKING OR SAVINGS: (CHECK ONE BOX ONLY)

 CHECKING SAVINGS

2. ACCOUNT NAME:

3. BANK NAME:

4. BANK BRANCH ADDRESS:

5. ROUTING TRANSIT NUMBER: (9 DIGIT NUMBER LOCATED AT THE BOTTOM OF YOUR CHECK)

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6. BANK ACCOUNT NUMBER:

SECTION IV – SIGNATURE_____
AUTHORIZED SIGNATURE_____
PRINT NAME & TITLE_____
DATE