



## Direct Deposit Enrollment Form

Please complete this form to receive future invoice payments from the City of Tustin by Direct Deposit. Include a **voided check** to confirm your bank account information. You may mail, email or fax the check and completed form to:

City of Tustin/Accounts Payable, 300 Centennial Way, Tustin, California 92780

Email: [accountspayable@tustinca.org](mailto:accountspayable@tustinca.org)

Phone: (714) 573-3069

Fax: (714) 832-0825

Vendor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

(Payment notifications will be sent to the email address you provide)

Bank Name: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Type of Account:          Checking \_\_\_\_\_          Savings \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the City of Tustin to initiate deposits (credits) and/or  
(Vendor/Company Name)  
corrections to the financial institution indicated. The financial institution is authorized to credit and/or correct the  
amounts to my account. This authority is to remain in full force and effect until I revoke it by giving ten days prior written  
notice to the City of Tustin.

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Printed Name and Title

THANK YOU FOR YOUR PARTICIPATION