



THE CITY OF SAN DIEGO

Office of the City Comptroller

ELECTRONIC FUNDS TRANSFER (EFT) VENDOR ENROLLMENT PAYMENT FORM

New Enrollment – ACH (CCD+) Change to Existing Enrollment

Payer's Information

Payer's Name: **City of San Diego**
Office of City Comptroller

Payer's Address: 202 "C" Street, 7th Floor, MS 7A
San Diego, CA 92101-4806

Payer's Contact Name & Phone No.: _____

Originating City Department: _____

Vendor Name: _____ Vendor Number: _____

Please return completed form to Payer's Address listed above

Payee/Company Information

Business Name: _____

Payee Contact Address: _____

Payee Email Contact(s): _____

Payee Contact Name: _____

Payee Contact Signature: _____

Payee Contact Number: _____ Tax Payer ID # _____

Financial Institution Information

Name: _____ Telephone Number: (____) _____

Checking Account

Savings Account

Note: Please confirm with your Financial Institution that the ABA/Routing # displayed on your voided check is the correct one to use for ACH payments.

ATTACH COPY OF VOIDED CHECK OR DEPOSIT SLIP HERE

