



## THE CITY OF SAN DIEGO

Office of the City Comptroller  
202 C Street, 7th Floor  
San Diego, CA 92101

September 15, 2014

Dear Valued Vendor,

The City of San Diego is pleased to announce a program that offers you the option of receiving your payments electronically rather than by check. This will allow for more timely receipt of payments and provide you with the ability to better manage your accounts receivable.

If you are interested in receiving your city payments electronically, please respond by completing the attached "Electronic Funds Transfer (EFT) Vendor Enrollment Payment Form" and either:

- Emailing the form to [ACH\\_Comptroller@san-diego.gov](mailto:ACH_Comptroller@san-diego.gov)
- Mailing it directly to Office of the City Comptroller
- 202 C Street, 7th Floor, San Diego, CA 92101

The form is comprised of (3) parts:

- 1) **Payer/Remitter Information** – To be completed by the City of San Diego
- 2) **Payee/Company Information** – To be completed and signed by an authorized official of your company prior to submission
- 3) **Financial Institution Information** – Voided check or deposit slip as attachment

You will receive notification via email once your account has been established. The City of San Diego will use CCD+ file format to electronically deposit your payment(s) into the account designated for your company. You must be set up with "on-line" banking with your financial institution to view details of the funds transmitted. Having your funds electronically transferred to you is of no cost from the City of San Diego but please verify with your bank prior to enrolling in this program as they may impose charges to your company for providing these services.

Please contact your City Department Liaison if you would like additional information on this Electronic Funds Transfer Program.



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# 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**

