

22941 Atherton Street, Hayward, CA 94541-6633

Tel. 510.538.8876 TDD 510.727.8551 Fax 510.537.8236 - www.haca.net

VENDOR ACH AUTHORIZATION FORM

SECTION I - VENDOR INFORMATION

COMPANY:	BLDG. #/Al	 PT #
ADDRESS:	OR SUITE:	· · · · · · · · · · · · · · · · · · ·
CITY:	STATE:	ZIP:
EMAIL ADDRESS:	PHONE:	
	SECTION II - FINANCIAL INSTITUTION INFORMATION	
TYPE OF ACCOUNT:	CHECKING	
ACCOUNT HOLDER NAME:		
NAME OF FINANCIAL INSITU	JTION:	
BANK ROUTING #:	NG #: BANK ACCOUNT #:	
	SECTION III - CREDIT/DEBIT AUTHORIZATION Dusing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounts.	
necessary, debit entries and a nstitution named above, to cr	SECTION III - CREDIT/DEBIT AUTHORIZATION Dusing Authority of the County of Alameda ("HACA") to initia	nt indicated above at the financia n remains in effect until HACA has
necessary, debit entries and a nstitution named above, to cr	SECTION III - CREDIT/DEBIT AUTHORIZATION ousing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounded and/or debit the same to such account. This authorization	nt indicated above at the financia n remains in effect until HACA has
necessary, debit entries and a nstitution named above, to cr received written notification fro	SECTION III - CREDIT/DEBIT AUTHORIZATION busing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounted and/or debit the same to such account. This authorization me (us) of its termination. I/We also agree to notify HACA	nt indicated above at the financia n remains in effect until HACA has of any changes to my bank account
necessary, debit entries and a nstitution named above, to creceived written notification from Authorized Signature	SECTION III - CREDIT/DEBIT AUTHORIZATION Dusing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounded and/or debit the same to such account. This authorization me (us) of its termination. I/We also agree to notify HACA Print Name	nt indicated above at the financia n remains in effect until HACA has of any changes to my bank account Date
Authorized Signature If this form is not complete a Direct Deposit setup.	SECTION III - CREDIT/DEBIT AUTHORIZATION Dusing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounted and/or debit the same to such account. This authorization mme (us) of its termination. I/We also agree to notify HACA Print Name IMPORTANT	nt indicated above at the financia n remains in effect until HACA has of any changes to my bank account Date will not be able to complete your
Authorized Signature If this form is not complete a Direct Deposit setup. One of the following must be	SECTION III - CREDIT/DEBIT AUTHORIZATION Dusing Authority of the County of Alameda ("HACA") to initial djustments for any credit entries in error to my (our) accounted and/or debit the same to such account. This authorization mme (us) of its termination. I/We also agree to notify HACA Print Name IMPORTANT and/or we do not have all the required documentation, HACA	nt indicated above at the financia n remains in effect until HACA has of any changes to my bank account Date will not be able to complete your nsure accuracy:

E-mail the complete form and voided check copy to accountspayable@haca.net or you can mail it to:

HACA Attn: Accounts Payable 22941 Atherton Street Hayward, CA 94541