



Vendor ACH Authorization Form Moraga-Orinda Fire Protection District Accounts Payable

1. Please Check One:		
New ACH _____	Change ACH _____	Cancel ACH _____

2. Vendor/Payee Information
Name: _____
Address: _____
Contact Person's Name (if other than payee): _____
Telephone Number: _____
Email Address: _____

3. Financial Institution Information
Bank Name: _____
Bank Address: _____
Name on Bank Account: _____
Bank Account Number: _____
Nine-Digit Bank Routing/Transit (ABA): _____
Type of Account: Checking _____ Savings _____

Approvals/Authorizations
I certify that the information provided on this form is correct, and I hereby authorize the Moraga-Orinda Fire Protection District (MOFD) to electronically deposit payments to the bank account designated above. It is my responsibility to notify the MOFD immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify MOFD in writing immediately of any change in banking information. I understand that this authorization will remain in full force and effect until MOFD has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.
Print Name: _____ Signature _____ Date _____

Important Information
Please return completed form via email: accountspayable@mofd.org

For Accounts Payable Use Only
A/P reviewed and approved: _____
Date: _____