



CITY OF HAWTHORNE, ACCOUNTS PAYABLES DEPARTMENT
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 acctspayable@cityofhawthorne.org

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

The City of Hawthorne is pleased to announce the Electronic Funds Transfer (EFT) program for all vendors beginning **January 1, 2024**. The EFT program is designed to allow the City of Hawthorne the ability to transmit monthly vendor payments in a timely, effective manner and is driven by various legislative actions regarding the use of electronic funds transfer (EFT) for most government agency payments. The City of Hawthorne, a local government entity, has established the EFT program as the preferred method of disbursement for all vendor payments. The benefits to the landlord include convenience, elimination of lost/stolen checks, and available funds on the payment date. The City benefits by eliminating costs such as check stock and postage.

INSTRUCTIONS

1. SS#/TAX IDENTIFICATION# (TIN): Enter Social Security Number or Tax Identification Number, whichever is applicable
2. TYPE OF ACCOUNT: Indicate whether you have a checking or savings account.
3. ACTION: Place an "X" in the appropriate space to indicate whether the action is "New," "Change," or "Cancel."
4. TRANSIT / ABA #: Enter your financial institution's 9-digit routing transit number. This number can be found at the bottom of your check (not deposit slip) or can be obtained from your bank or financial institution. Incorrect numbers will result in a delay in payment.
5. ACCOUNT #: Enter your account number. This number can be found to the right of the routing number located at the bottom of your check.
6. NAME ON ACCOUNT: Enter the legal name on the account to which payments are to be directed.
7. FINANCIAL INSTITUTION INFORMATION / BRANCH (if applicable): Enter the name of the institution to which payments are to be directed. Enter the branch name, if applicable. Also include the complete address with city, state, and zip code.
8. SIGN AND DATE: Sign and date the form. Please include a current telephone number with area code and extension, if applicable.

1. SS# / TIN #: ..		2. TYPE OF ACCOUNT:	
3. ACTION:	NEW	EMAIL ADDRESS:	
4. TRANSIT / ABA #	5. ACCOUNT #:		
6. NAME ON ACCOUNT:			
7. FINANCIAL INSTITUTION:		BRANCH:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	

I, the undersigned, hereby authorize the City of Hawthorne to initiate credit entries of vendor payments due to me by electronic fund transfer (EFT) to my account listed above at the depository ("Bank") named above. This procedure for direct deposit of vendor payments is in lieu of the check I would otherwise receive.

I will not hold the City of Hawthorne, its agents, or affiliates responsible for any delay, loss, or misapplications of funds (1) due to incorrect or incomplete information supplied by me or failure of my depository to correctly credit my account or (2) due to any act or omission(s) by any outside entity (automated clearinghouse or financial institution). I understand that an unforeseen delay in computer downtime, power outages, or other unavoidable occurrences might affect the date of deposit of funds to my account. I hereby waive any liability due to such delay.

This authorization is to remain in full force and effect until the City of Hawthorne Accounts Payables Department receives written notification of its termination from me.

Signature

Date

Telephone / Extension

PRIVACY ACT STATEMENT

The collection of the information requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential. It is needed to prove entitlement to payments. The information will be used to process payment data from the City of Hawthorne to the financial institution and/or its agent COI-IF-EFT (01/08/24)

Please return this form via mail with a voided check or email us with a scanned copy of the form and a voided check.