

EFT ACCOUNT SETUP FORM

**Instructions:** Complete and mail the form to the address below. You are required to submit the request at least 10 days prior to the first transfer request date. Please attach a copy of the bank ACH/Fedwire wiring instructions or a bank account verification letter on bank letterhead and signed by an appropriate bank representative.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A1 - Wire Request Information** | | | | | | | | |
| **Requesting Organization:** | | | | | | | **Request Date:** | |
| **Address:** | | | | | | | | |
| **Main Contact Person:** | | | | | | | | |
| **Phone Number:** | | | | | | | | |
| **Email Address:** | | | | | | | | |
| **Oracle Fund #** | | | | | | | | |
| **Section A2 - Bank Information** | | | | | | | | |
| **Beneficiary Bank:** | | | | | | | | |
| **Beneficiary Name:** | | | | | | | | |
| **ACH: Routing Number:** | | | | | | | **Beneficiary Acct Number:** | |
| **Wire: Routing Number:** | | | | | | | **Beneficiary Acct Number:** | |
| **Type of Account:** |  | **Checking** |  | **Savings** | | | | |
| **Bank Location:** | | | | | | | | |
| **Bank Representative:** | | | | | | | **Email:** | |
| **Telephone Number:** | | | | | | | **Fax:** | |
| **Section A3-Approver (one of the bank account signatories or one whose responsibility is appropriate for fiscal disbursement for the organization)** | | | | | | | | |
| **Preparer's Signature:** | | | | | | **Print Name & Title:** | | |
| **Approver's Signature:** | | | | | | **Print Name & Title:** | | |
| **Section A4-Authorization from County or Organization Authorized Official (Board Member, CEO, CFO, Fire Chief, Superintendent, Departmental Director, Overall Head of the Organization or their Designee)** | | | | | | | | |
| **I hereby authorize the individuals listed on Section A3.** | | | | |  |  | |  |
| **Organization Authorized Official Signature & Date** | | | | | **Print Name & Title:** | |

|  |  |
| --- | --- |
| **For TTC Office Use Only** | |
| **Template ID:** | **Processed By:** |
| **Pre-note Date:** | **Approved By:** |
| **Start Date:** | **Wire Type:** |

Ver. 12/08/2021

****

****

**County Treasurer-Tax Collector, Attn: WARP Administrator 1600 Pacific Highway, Room 151, San Diego, CA 92101**