

Ver. 12/08/2021

TREASURER-TAX COLLECTOR SAN DIEGO COUNTY

www.sdttc.com



Dan McAllister Treasurer-Tax Collector

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 whos	se 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 Offi	
Departmental Director, Overall Head of the Organization or their Designe	ee)
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: