



City of Chino Hills

Electronic Funds Transfer (EFT) Authorization Form

☐ New Application

☐ Change Information

☐ Cancel EFT

Business: Fed. Tax ID -

Individual: SSN (last four digits only) X X X - X X -

Company Name:		
Company Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Email Address for Remittance Copy:		
Contact Name:		
Contact Signature:	Date:	

Financial Institution Information

(Attach a voided check or bank letter with account and routing numbers)

Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Bank Contact:	Contact Telephone Number:	

Bank Routing No: ☐ Checking ☐ Savings

Account No:

Return this completed form, with required documentation, by one of the methods below:

1. Mail to:
City of Chino Hills
Attn: Accounts Payable
14000 City Center Drive
Chino Hills, CA 91709
2. Drop-off Payment Box:
Located in the City Hall parking lot
west side of the Chino Hills Library
near the Police Department
3. Drop off in person:
Chino Hills City Hall, 2nd Floor
Utility Billing Office during normal
business hours
4. Email to: ap@chinohills.org

Unless you are a new vendor, you must provide Invoice numbers for the last three (3) invoices your company has sent to us:

_____, _____, _____.

This authorization will remain in effect until canceled in writing. A new authorization form must be completed if you close this bank account or if you wish to designate a different bank account to receive the funds. Failure to notify the City of a closed account will cause a delay in receiving your payments.

It is the responsibility of the above contact to notify the City of any changes to the information on this form. An EFT advice (equivalent to a check stub) and all future purchase orders will be sent to the above email address. Please add ap@chinohills.org to your contacts to allow your e-mail account to receive incoming emails.

If you have any questions, please contact Accounts Payable at (909) 364-2669 or ap@chinohills.org

For Chino Hills Finance Use Only:

Vendor No. _____ Phone Verification By: _____ Approved By: _____

Finance Input By: _____ Date: _____