



FINANCE DIVISION – ACCOUNTS PAYABLE
REQUEST FOR ACH DIRECT DEPOSIT

Please submit this completed form, along with an original or copy of a voided check, to accountspayable@cityofglendora.org or mail to 116 East Foothill Blvd. Glendora, CA 91741, Attn: Accounts Payable. Allow 7 working days to process this information prior to receiving payment via ACH Deposit.

Please call (626) 914-8217 or email accountspayable@cityofglendora.org with any questions.

Vendor Information

Vendor Name _____
Remittance Address _____
Remittance City _____
Contact Name _____
Email Address _____
(ACH Deposit notifications will be sent to this email)

Bank Information

Bank Name _____
Address _____
Contact Name _____
ABA Routing # _____
Account # _____
Account Type _____

Vendor Authorization

The signature below of an authorized representative of _____ provides the City of Glendora the authorization necessary to directly deposit payments for your invoices into the account mentioned above.

Signature Date

Print Name Title