



Finance Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Phone 805/449.2200 • Fax 805/449.2250 • www.toaks.org

Jaime Boscarino
Finance Director/Treasurer

Dear Vendor:

We would like the opportunity to improve our payment services to you as our vendor with the City of Thousand Oaks' Direct Bill Payment program.

With Direct Bill Payment, your invoices are paid by direct deposit to your checking account through the Automated Clearing House (ACH) and electronic funds transfer (EFT) system.

If you are interested in this payment method, please complete and sign the attached Authorization Agreement for Direct Bill Payment, attach the required bank account information and mail both to:

The City of Thousand Oaks
Attention: Accounts Payable
2100 E. Thousand Oaks Blvd.
Thousand Oaks, CA 91362

Once your Direct Bill Pay authorization has been processed, you will receive an acceptance notification by regular mail, email, or both (your choice) prior to your next payment from the City of Thousand Oaks. Cancellation requests must be made in writing to the City.

If you need more information or have any questions regarding your payment, please contact Accounts Payable at (805) 449-2211 or (805) 449-2254.

Sincerely,

Jaime Boscarino
Finance Director



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AUTHORIZATION AGREEMENT FOR DIRECT BILL PAYMENT

NEW CHANGE STOP

Business Name: _____
Address: _____
City/State/Zip: _____

I/we hereby authorize the City of Thousand Oaks' Finance Department (hereinafter called City) to initiate variable entries to my/our account described below: (Only checking accounts).

Financial Institution's Routing Number (found between these symbols _____ - _____ on the bottom left of your check): _____
Checking Account Number: _____

If this is a change to banking information, please list the old routing and checking account number here. Routing Number: _____ Checking Account Number: _____

Financial Institution:
Name: _____
Address: _____
City/State/Zip: _____

Must attach one (1) of the following (check type of verification form attached):

- Pre-printed voided check
- Voided check copy
- Bank verification form

This authority will require two processing cycles to take effect and will remain in effect until the City receives written notification from the above of its termination in such time and manner as to afford the City and Depository 30 days to act on it.

Transaction notification method (check one): Email U.S. Mail or Both

Your contact email address: _____

Authorized Signature: _____ Date: _____

For City Use: Vendor No: _____ Date: _____ Finance Approval: _____ Financial Institution Bank Code _____ Notes: _____
