City of Brea
Electronic Credit Authorization Form (ACH)

☐ New Application ☐ Updated Information ☐ Cancel ACH
☐ Business ☐ Individual

Company Name:		Tax ID No.
Company Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
E-mail Address for Remittance Copy:	Web Site Address:	
Contact Name:		
Contact Signature	Date	

It is the responsibility of the above contact to notify the City of Brea, Accounts Payable Division of any changes to this form. If a deposit is returned, a $12 fee will be deducted from your payment to cover administrative costs to re-transmit your payment. A remittance copy will be sent to the above e-mail address. Please allow your e-mail account to accept incoming emails from BreaEFT@ci.brea.ca.us.

Financial Institution Information AND attach a copy of voided check

Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Bank Contact:		
Contact Telephone Number:		
Nine Digit Bank ABA Number:		
Depositor Account Name:		
Depositor Account Number:		
Account Type: Checking ☐	Savings ☐	

If you have any questions, please contact the Accounts Payable Division at (714) 990-7647. For security purposes, completed applications will not be accepted via email. Please **MAIL** completed form to: City of Brea
Attn: Accounts Payable
1 Civic Center Circle
Brea, CA 92821
OR FAX: (714) 671-4484

Internal Use Only

Vendor #: _____ Finance Verified By: _____ Finance Input By: _____

Rec'd by Finance Dept: _____ Pre-Note Processed: _____ Date: _____