

**VECTOR CONTROL JOINT POWERS AGENCY**  
**1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833**  
**(916) 244-1178 ~ Fax (916) 244-1199**  
**Email: Karla.Lopez1@sedgwick.com**

**MEMBER CONTINGENCY FUND DEPOSIT FORM**

**MEMBER DISTRICT:** \_\_\_\_\_

Please place a checkmark on the appropriate section below and follow the instructions for the section.

**I. OUR DISTRICT IS DEPOSITING A CHECK MADE PAYBLE TO THE DISTRICT TO THE MEMBER CONTINGENCY FUND** ☐

1. Endorse the check "Payable to the VCJPA".
2. Complete the check information section below.
3. Complete Section IV to certify the transaction.
4. Mail the signed form and check to the address listed on the top of this form.

**CHECK INFORMATION:**

	Check #	Amount	Description
1.			
2.			
Total			

**II. OUR DISTRICT IS ISSUING A CHECK FOR DEPOSIT TO THE MEMBER CONTINGENCY FUND** ☐

1. Make the check payable to "VCJPA".
2. Complete the check information section below.
3. Complete Section IV to certify the transaction.
4. Mail the signed form and check to the address listed on the top of this form.

**CHECK INFORMATION:**

	Check Date	Check #	Amount
1.			

**III. OUR DISTRICT IS ISSUING AN ELECTRONIC FUNDS TRANSFER FOR DEPOSIT TO THE MEMBER CONTINGENCY FUND** ☐

1. Follow the Electronic Payment Instructions located on page 2.
2. Complete the electronic payment information section below.
3. Complete Section IV to certify the transaction.
4. Email the signed form to the email addresses listed on page 2.

**ELECTRONIC PAYMENT INFORMATION:**

	Date Transaction Initiated	Effective Date of Transaction	Amount
1.			

**IV. CERTIFICATION:**

Please deposit funds into the District's Member Contingency Fund account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**ELECTRONIC PAYMENT INSTRUCTIONS**

**BANK INFORMATION**

<b>BANK NAME</b>	<b>California Bank &amp; Trust</b>
<b>NAME ON ACCOUNT</b>	<b>Vector Control Joint Powers Agency</b>
<b>TYPE OF ACCOUNT</b>	<b>Checking</b>
<b>ROUTING NUMBER</b>	<b>121002042</b>
<b>ACCOUNT NUMBER</b>	<b>1030044111</b>

**PLEASE SEND FUNDS VIA AUTOMATED CLEARING HOUSE (ACH)  
AND EMAIL PAYMENT NOTIFICATION TO SARAH THURSTON, MIGUEL BEAS,  
AND KARLA LOPEZ.**

**CONTACT INFORMATION**

**California Bank & Trust**  
520 Capitol Mall, Suite 750  
Sacramento, CA 95814

**Eva Ayala**  
Vice President/Business Banking  
Portfolio Manager  
Direct (916) 341-3780  
[Eva.Ayala@calbt.com](mailto:Eva.Ayala@calbt.com)

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