

Electronic Funds Transfer (EFT) Enrollment Form

If you wish to enroll in EFT, you MUST fill out the below information.

Vendor Name: _____

Email address (*required*): _____

Website address: _____

Corporate/Main Phone # _____

Bank Name: _____

ACH Routing # _____ Account # _____

Checking Account

Saving Account

Email address is used for payment notifications and must be kept up-to-date when staff changes.

The first biweekly EFT will be a **PRE-NOTE**, which will be sent to the above email address with a zero balance.

FOR CITY STAFF USE ONLY

FOR THE SECURITY & INTEGRITY OF YOUR ACCOUNT, CHANGES TO THE ACH ACCOUNT MUST BE VERBALLY VERIFIED BY A PURCHASING AGENT WITH A REPRESENTATIVE IN YOUR ACCOUNTING DEPARTMENT. FAILURE TO DO SO, WILL RESULT IN YOUR ACCOUNT REMAINING ON CHECK ONLY STATUS.

Name and Title (Vendor Information)

Vendor Phone Number

Purchasing Agent (Name)

Date