

## **Electronic Funds Transfer Request Form**

## Payee (Vendor) Information

| *City/ST/ Zip:  *Contact:  *E-mail:  Financial Institution Info (All submissions must incluturnaround time for complete | ormation<br>ude this form                 | n, filled<br>sions is | out ir               | n its e | ntirety<br>ar days | y, ANI<br>s. Plea | a voido<br>se subn   | F<br>-<br>ed check<br>nit via er | nail to: <u>F</u> | ) to be p    | rocesse |  |  |
|---|---|-----------------------|----------------------|---------|--------------------|-------------------|----------------------|----------------------------------|-------------------|--------------|---------|--|--|
| *Contact:  *E-mail:  Financial Institution Info (All submissions must incluturnaround time for complete                 | ormation<br>ude this form                 | n, filled<br>sions is | out ir               | n its e | ntirety<br>ar days | y, ANI<br>s. Plea | ) a voide<br>se subn | F<br>-<br>ed check<br>nit via er | ax: ( in order    | ) to be p    | rocesse |  |  |
| *Contact:  *E-mail:  Financial Institution Info (All submissions must incluturnaround time for complete                 | ormation<br>ude this form                 | n, filled<br>sions is | out ir               | n its e | ntirety<br>ar days | y, ANI<br>s. Plea | ) a voide<br>se subn | F<br>-<br>ed check<br>nit via er | ax: ( in order    | )<br>to be p | ıs@sfc  |  |  |
| *E-mail:  Financial Institution Info (All submissions must incluturnaround time for complete)                           | ormation<br>ude this form<br>leted submis | n, filled<br>sions is | out ir<br>45 ca      | n its e | ntirety<br>ır days | y, ANI<br>s. Plea | ) a voide<br>se subn | F<br>-<br>ed check<br>nit via er | ax: ( in order    | )<br>to be p | ıs@sfc  |  |  |
| Financial Institution Info (All submissions must incluturnaround time for complete                                      | ormation<br>ude this form<br>leted submis | n, filled<br>sions is | out ir<br>45 ca      | n its e | ntirety<br>ır days | y, ANI<br>s. Plea | ) a voide<br>se subn | ed check<br>nit via er           | in order          | to be p      | ıs@sfc  |  |  |
| (All submissions must incluturnaround time for compl  | ude this form<br>leted submis             | sions is              | 45 ca                | lenda   | r days             | s. Plea           | se subn              | nit via er                       | nail to: <u>F</u> | FTforn       | ıs@sfc  |  |  |
| ψψ DI   | notify the Fin                            | nance D               | )<br>epart           | ment    | vio th             | e ahox            | a amail              |                                  |                   | n abana      | ** 290  |  |  |
| ** Please n   |   |                       |                      | ment    | via III            | c abov            | e ciliali            | if this ir                       | nformatio         | ni Chang     | 500     |  |  |
| *Bank Name:   |   |                       |                      |         |                    |                   |                      |                                  |                   |              |         |  |  |
| *Bank Address:  |   |                       |                      |         |                    |                   |                      |                                  |                   |              |         |  |  |
| *City/ST/Zip:   |   |                       |                      |         |                    |                   |                      |                                  |                   |              |         |  |  |
| ABA/ROUTING NUMB  | ER  |                       | A                    | cco     | UNT                | NUM               | BER                  |                                  |                   |              |         |  |  |
|   |   |                       |                      |         |                    |                   |                      |                                  |                   |              |         |  |  |
| *Company Authori  | ization                                   |                       |                      |         |                    |                   |                      |                                  |                   |              |         |  |  |
| for EFT/Wire Transfer   |   |                       | Authorized Signature |         |                    |                   |                      |                                  |                   | Printed Name |         |  |  |
|   |   |                       |                      |         | :                  | Title             |                      |                                  |                   |              | Date    |  |  |
| Internal Use Only Verifi  | ied by Finance:                           | :                     |                      |         |                    |                   |                      | Date:                            |                   |              |         |  |  |
| Initia  | ted by:                                   |                       |                      |         |                    |                   |                      | Date:                            |                   |              |         |  |  |

Form: Rev: 20160328