



# Company Electronic Funds Transfer Request Form

## Payee (Vendor) Information

*\*Required Field*

*\*Request Type (please check below)*

☐

Original Form

☐

Updated Form

*\*Legal Name (as shown on your income tax return):* \_\_\_\_\_

*\*Business Name/DBA (disregard if different from above):* \_\_\_\_\_

*\*Tax ID/SSN#:* \_\_\_\_\_

*\*Address:* \_\_\_\_\_

*\*City / State / Zip Code:* \_\_\_\_\_

*\*Contact:* \_\_\_\_\_ *\*Contact E-mail:* \_\_\_\_\_

*\*Phone Number:* \_\_\_\_\_ *Fax Number:* \_\_\_\_\_

## Financial Institution Information

All submissions must include this form, filled out in its entirety, AND a voided check or a bank letter in order to be processed. Estimated turnaround time for completed submissions is 45 calendar days. Please submit via email to: [EFTForms@ccpcares.org](mailto:EFTForms@ccpcares.org).

Please notify the Finance Department via the above email if this information changes.

*\*Bank Name:* \_\_\_\_\_

Bank Address: \_\_\_\_\_

*\*City / State / Zip Code:* \_\_\_\_\_

ABA/Routing Number:

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Account Number:

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## Company Authorization for ACH Payments

*\*Authorized Signature*

\_\_\_\_\_

*\*Printed Name*

*\*Title:* \_\_\_\_\_

*\*Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

## Internal Use Only

Verified by: \_\_\_\_\_

Verified Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Updated Date: \_\_\_\_\_