



Electronic Funds Transfer Request Form

Payee (Vendor) Information

*Name: _____ *Tax ID/SSN #: _____

*Address: _____

** Required Field*

*City/ST/ _____

Zip: _____

*Contact: _____ *Phone: () _____

*E-mail: _____ Fax: () _____

Financial Institution Information

(All submissions must include this form, filled out in its entirety, AND a voided check in order to be processed. Estimated turnaround time for completed submissions is 45 calendar days. Please submit via email to: EFTforms@sfccn.org)

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

*Bank Name: _____

*Bank Address: _____

*City/ST/Zip: _____

ABA/ROUTING NUMBER

ACCOUNT NUMBER

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*Company Authorization for EFT/Wire Transfer

Authorized Signature

Printed Name

Title

Date

Internal Use Only

Verified by Finance: _____ Date: _____

Initiated by: _____ Date: _____

Vendor updated by: _____ Date: _____