

Company Electronic Funds Transfer Request Form

<u>Payee (Venaor) Inform</u>		·
* Required Field		☐ Original Form ☐ Updated Form
-	on your income tax r	return; do not leave blank):
*Business Name/DBA (d	•	
*Tax ID/SSN#:	5	
*Address:		*Address (continued):
*City / State / Zip Code:	:	
*Contact:		*Contact E-mail:
*Phone #:		Fax #:
Financial Institut	ion Information	
		filled out in its entirety, AND a voided check or a bank letter in order to be for completed submissions is 45 calendar days. Please submit via email to: EFTForms@ccpcares.org.
** PJ	ease notify the Finance	Department via the above email if this information changes **
** Pl	ease notify the Finance	Department via the above email if this information changes **
	ease notify the Finance	Department via the above email if this information changes ** City / State / Zip Code: Click or tap here to enter text.
*Bank Name:	ease notify the Finance	
*Bank Name:		
*Bank Name: Bank Address:		City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER
*Bank Name: Bank Address:	IBER	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature
*Bank Name: Bank Address: ABA/ROUTING NUM	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER
*Bank Name: Bank Address: ABA/ROUTING NUM **Company Auth	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature
*Bank Name: Bank Address: ABA/ROUTING NUM **Company Auth	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature **Printed Name
*Bank Name: Bank Address: ABA/ROUTING NUM **Company Auth	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature **Printed Name **Title
*Bank Name: Bank Address: ABA/ROUTING NUM **Company Auth	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature **Printed Name **Title
*Bank Name: Bank Address: ABA/ROUTING NUM **Company Auth for ACH Payr	IBER ——aorization	City / State / Zip Code: Click or tap here to enter text. ACCOUNTING NUMBER **Authorized Signature **Printed Name **Title

Form: Rev: 20210929