



## VENDOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

### **Vendor Information** – *please print clearly*

Vendor Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Remittance City, State & Zip code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Banking Information**

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

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

Bank City, State & Zip code: \_\_\_\_\_

ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:    Select one:    Checking     Savings

### **Vendor Authorization**

Please sign below to confirm that you are authorizing AJFC Community Action Agency to being transferring payments for your invoices to the account listed above:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

Please submit completed form to: [APINVOICES@AJFCCAA.ORG](mailto:APINVOICES@AJFCCAA.ORG)