



# Electronic Funds Transfer (EFT) Request Authorization

## Company/Individual Information

Company/Individual Name

Company/Individual Address City State Zip

TIN (Tax Payor/IRS ID Number)

Contact Name

Contact Phone No.  
(area code + No.)

### Requested Services:

- Initiate the disbursement of the standard interval payments to this company by Electronic Funds Transfers (EFT). Effective \_\_\_\_\_.
- Change the bank information concerning EFT to this vendor as noted below. Effective \_\_\_\_\_.
- Discontinue the use of EFT to this vendor. Effective \_\_\_\_\_.

*In the event that Anne Arundel County Public schools notifies the bank(s) that funds to which my company is not entitled have been deposited to our account(s) inadvertently, the bank(s) are authorized and directed to return said funds to Anne Arundel County Public Schools as soon as possible.*

Signature

Title

Date

## Bank Information

Bank Name

Bank Address City State Zip

Contact Name

Contact Phone No.  
(area code + No.)

Bank Routing Number

Account Number Receiving Credit

Type of Account

Checking  Savings  Other \_\_\_\_\_

Account is:

Consumer/Personal  Commercial/Business

Signature

Title

Date

Comments:

<b>AACPS Use Only</b>	Received by:	Date
	Input to DB by:	Date
	Vendor Number	