

701 Atlantic Avenue • Alameda, California 94501-2161

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Dear Vendor – If you would like to be paid via electronic funds transfer (EFT), please complete this Form and email to the Finance Management Team: Louie So lso@alamedahsg.org and Janet Lee jlee@alamedahsg.org, with a CC to accountspayable@alamedahsg.org.

VENDOR INFORMATION

Vendor Name			
Address	City	ST	Zip
Accounting/ACH Contact Name	Phone	Fax	
Email Address for Remittance Advice (**required**)			

Above named Vendor hereby authorizes the Housing Authority of the City of Alameda to originate Automated Clearing House Electronic Funds Transfer (EFT) credit entries to Vendor's account, as indicated below, for payment/ reimbursement of goods and/or services.

Checking

New Setup

Savings

Change

BANK INFORMATION

Name on Bank Account	
Bank Routing Number*	Bank Account #

***Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid. Submit a copy of a voided check with this form. If you change banks or accounts please provide at least thirty (30) days written notice. Please also provide IRS Form W-9.**

VENDOR AUTHORIZATION

Authorized Name/Title

Authorized Signature

Date

Submit a copy of a voided check with this form. Funds will not be remitted electronically unless this is received.

Bank Name

Business Name
123 Street Address
Anytown, US 00000-0000

1025

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

WELLS FARGO Wells Fargo Bank, N.A.
Your Hometown
wellsfargo.com

MEMO _____

⑆000000000⑆ ⑆000000000⑆ 1025

ABA Routing Number **Account Number**