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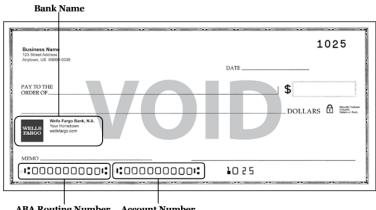
ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

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 Iso@alamedahsg.org and Janet Lee Iee@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 (**r	equired**)				
Above named Vendor hereby authorizes t Automated Clearing House Electronic Fun indicated below, for payment/ reimburseme	ids Transfé	er (EFT) credit entrie	•		•
BANK INFORMATION		☐ Checking ☐ Savings		New Setup Change	
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	Autl	norized Signature		D	eate

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



ABA Routing Number Account Number