



# Electronic Funds Transfer (EFT) Authorization

For AC Transit use only:
Supplier ID # _____
Date Entered _____

Date: \_\_\_\_\_  New  Change  Cancel Supplier ID #: \_\_\_\_\_

## Section 1: Payee Information

Payee Name: \_\_\_\_\_ Taxpayer ID #: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Section 2: Bank Information

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

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Account Type:  Checking  Savings Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

A. Last three (3) AC Transit check numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

—OR—

B. Attach a voided check.

- **This authorization will remain in effect until canceled in writing.** A new authorization form must be completed if you close this bank account or if you wish to designate a different bank account to receive the funds. Failure to notify AC Transit Accounts Payable of a closed account will cause a delay in receiving your payments.
- An EFT statement (equivalent to a check stub) will be sent via e-mail. Please notify AC Transit Accounts Payable of any change in your e-mail address.
- Upon receipt of this form, it will take approximately five (5) business days for EFT to become effective, starting in April 2018. In the meantime, any payments will be issued through routine paper check disbursement methods.

—OR—

C. Last 3 invoices & amount billed to AC Transit: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## Section 3: EFT (via ACH) Authorization

I hereby authorize: (Check the appropriate selections)

- AC Transit to deposit payments via Electronic Funds Transfer, and the above-named financial institution to credit payments to this account.
- AC Transit to cancel my EFT payment election.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

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