



Electronic Funds Transfer (EFT)

Payment Enrollment Form

New EFT Account ☐ Change in Bank Account ☐ Delete EFT Account ☐

Payee/Vendor Information

Name of Payee/Company: _____

Remittance Address: _____

Remittance City, State and Zip code: _____

Contact Name: _____

Contact Phone: _____

Email Address: _____

Banking Information

Bank Name: _____

Bank Address: _____

Bank City, State and Zip code: _____

ABA Routing #: _____

Account #: _____

Account Type: _____

Vendor Authorization

I hereby authorize West County Wastewater to initiate credit entries for vendor payments to the account indicated above. Pursuant to the National Automated Clearing House Association rules, West County Wastewater may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated.

Authorized Signature

Name/Title

Phone number

Date

Please submit completed form to one of the following:

Email: accounting@wcwd.org

US Mail: West County Wastewater
2910 Hilltop Drive
Richmond, CA 94806