



# 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](mailto:accounting@wcwd.org)

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