

# Electronic Funds Transfer (EFT) Enrollment Form

If you wish to enroll in EFT you MUST fill out the below information

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

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ABA # \_\_\_\_\_

Account # \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address used for payment notifications: **Required**

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The first biweekly EFT will be a **PRE-NOTE, which** will be sent to the above email address with a zero balance. Please provide the City with an updated email address should you have any staff changes in the future.