

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 co	de:			
ABA Routing #:				
Account #:				
Account Type:	Select one:	Checking	Savings	

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