

Vendor EFT/ACH Payment Application

Please print or type

In addition to a completed W-9 form, all EFT payment requests must be accompanied by a completed EFT Vendor Form, whether it be for initial enrollment or amending information; and include two original signatures, and either a voided business check or a bank confirmation letter. Electronic signatures will not be accepted under any circumstances. Please be advised that a City of Lewiston employee will call you to verify banking information.

Company Name: _____

Mailing Address: _____

Contact Person: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking or Savings: _____

On behalf of the above named company, we wish to participate in the City of Lewiston's EFT/ACH accounts payable program. We understand that we need to notify the City 30 days in advance of changing our financial institution information. By signing this application below, I certify the validity of the information provided and have the authority to enroll in this program.

Two signatures are required for processing

Signature Title Date

Signature Title Date

The information below is for office use only

Verification 1: _____ Source 1: _____ Source 2: _____

Verification 2: _____ Source 1: _____ Source 2: _____

Verification 3: _____ Source 1: _____ Source 2: _____

For vendor phone verification: _____
Name Title

Information verified: _____ Date: _____

Supervisor approval: _____ Date: _____