

Corporate Electronic Funds Transfer (CEFT) Form

**** ALL FIELDS ARE REQUIRED. PLEASE TYPE ALL FIELDS EXCEPT SIGNATURE. ****

Payee Name (Exactly as filed with IRS) _____

SSN _____ or EIN/TIN/DUNS/CAGE CODE _____

Status Code:

Corporation? Answer Y/N _____

DoD connected? Answer Y/N _____

Individual? Answer Y/N _____

Payee **MAILING** Address: _____

City _____ State _____ ZIP _____

Payee Bank Name _____

Payee Bank Address _____

City _____ State _____ ZIP _____

Payee Bank Telephone Number _____

ACH Nine-Digit Routing Transit Number _____

Depositor (Payee) Account Number _____

Type of Account (Checking or Savings) _____

Payment Format (CTX, CCD, or PPD) _____

Account Holder's Name _____

Account Holder's Signature X _____

POC Name (for the Payee) _____

POC Phone Number _____

POC Email Address _____

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