



**EFT Information/Finance Contact**

**Agency Name:** \_\_\_\_\_

**Electronic Payment Information**

(The bank account that will receive electronic payments for your organization.)

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type:  Checking(**attach VOIDED check**)  Savings

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

Routing #: \_\_\_\_\_

**Web Portal Contact Information**

(This should be the contact info for the person who will be processing payments & accessing related reports.)

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Additional Comments:**

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