EFT INFORMATION SHEET
ACCOUNTS PAYABLE VENDORS

GENERAL INFORMATION

Company Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Bank Information

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: □ Checking

□ Savings

Notifications Information

Email notification of the EFT should be sent to the following:

Name: _____

Email Address: _____

Authorization Information:

I authorize Wells-Ogunquit CSD to make EFT directly into the account listed above. I agree that Wells Ogunquit CSD may reverse any action done in error or make adjustments as appropriate without my prior authorization. I understand that if pre-notes are not verified by my bank and there is an error, this could result in my electronic EFT being returned to Wells-Ogunquit CSD and no money would be deposited to my account.

_____ _____

Authorized Signature Print Name & Title of Authorization Signer

Please return completed form to: Wells-Ogunquit CSD
Attn: Bookkeeper
1460 Post Road
Wells, ME 04090
(207) 641-6908
Fax: (207) 646-4236
Email: plachance@wocsd.org