



VENDOR PAYMENT DETERMINATION

Preferred Method of Payment:

Check

EFT (Electronic Funds Transfer) Please also complete EFT payment section below and attach a voided check.

Vendor Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-Mail _____

EFT Payment Information:

New Banking Information

Change of Banking Information

Bank Name _____

Branch (If applicable) _____

City _____ State _____ Zip _____

Transit/ABA # _____ Account # _____

Account Type Checking Savings

Please remember to attach a voided check if requesting EFT payment!