Vaya Partners

Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit

This authorization remains in full force and effect until Vaya Partners receives written notification from your organization of its termination or until Vaya Partners deems it necessary to terminate this agreement.

PLEASE PRINT OR TYPE

☐ Initial request	☐ Change request	☐ Cancel request

1. Name of legal business (must match name on bank account and name registered with Vaya Partners):			
2. Name of main contact person:		3. Contact's phone number:	
4. Legal business address:	5. City:	6. State:	7. ZIP:
8. Last four digits of Social Security number or complete federal Tax ID Number (must match number registered with Vaya Partners):			
9. Email address (for notification of EFT payment):			

1. Bank routing number:	2. Bank account number (include leading zeros):	3. Type of account: ☐ Checking ☐ Savings
4. Bank name:		

5. Bank address:	6. City:	7. State:	8. ZIP:

☐ Under penalties of perjury, I hereby certify the checking OR savings account indicated on this form is under my direct control and access; therefore, I authorize Vaya Partners to initiate, change, or cancel credit entries to the bank account as indicated above. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.

☐ I hereby CANCEL my EFT authorization.

I understand that by signing this form, payments issued will be federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws. I also certify that the contact person listed above is authorized to act on behalf of the agency listed above in regard to electronic fund transfers and the account information provided.

Printed name:	Title:
Signature:	Date:

A voided check must be attached to this form for all initial and change requests.

Return this completed form to **payables@VayaPartners.org.** For help, call **1-800-893-6246, ext. 1163**.

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