ELECTRONIC FUNDS TRANSFER FORM

VENDOR PAYMENTS

*Attach a **voided check** for verification of the checking account number. Any changes to the account must be submitted immediately! The initial request and any subsequent changes will **not** be direct deposited to your account until the account is authorized by your Financial Institution. Authorization will take effect not less than 10 days after acceptance by the Financial Institution. Paper checks will be mailed to your address of record until the account is authorized.

☐ **New Account** ☐ **Change of Account** ☐ **Cancellation**

Financial Institution Name

Branch Name and Phone Number

Address

City

State

Zip

Account Routing Number

Account Number

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate credit entries and, if necessary, debit entries for the purpose of correcting an erroneous credit previously initiated to the business account indicated above. I further authorize the Financial Institution named above to accept such entries and to credit or debit the amount thereof to such account.

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

Print Business Name

EIN

Print Name and Title of Individual Authorizing EFT

Phone Number

Email Address

Signature

Date

Payroll Agent: Acumen Fiscal Agent, LLC
5416 E Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 496-9139
Fax: (855) 264-3290