



Acumen Fiscal Agent

ELECTRONIC FUNDS TRANSFER FORM

VENDOR PAYMENTS

Acumen Fiscal Agent, LLC

5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

*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.

<input type="checkbox"/> New Account	<input type="checkbox"/> Change of Account	<input type="checkbox"/> 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 _____ Signature _____

Date _____ Phone Number _____ Email Address _____

Return completed form by email vendor-nj@acumen2.net

For questions or help with this form please contact the Vendor Relations Team at Ph: (848)400-5738