Acumen Fiscal Agent
Innovation • Opportunity • Freedom

ELECTRONIC FUNDS TRANSFER FORM VENDOR PAYMENTS

Use only for standard vendor payments to vendors paid via invoice

(This excludes ICs and Agencies submitting hourly time via DCI)

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

Account Type:

- ☐ Checking (attach a voided check)
- ☐ Savings (attach a letter from the bank)

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: _____

Print Name and Title of Individual Authorizing EFT: _____

EIN: _____ Phone: _____

Email: _____

_____ _____

Signature Date

Please complete this form and return it to Acumen by one of the following methods
Mail: *5416 E Baseline Rd, Suite 200, Mesa, AZ 85206*
Fax: *(866) 499-3077*
Email: *payroll-ma@acumen2.net*