Westchester gov.com	Elect	ronic F	unds Tr	Finance • Treasur ansfer (EFT uthorizatior)	Authorization is: (check one) New Change
INSTRUCTIONS: Pleas side for more information		ns of this Au	thorization F	Form and attach a v	oided check. S	ee the reverse
Mail to: Westchester Cou Attention: Vendor Direct	unty, Department of Fin	ance, Treas	ury Division,	148 Martine Avenu	ie, White Plains	, NY 10601
Section I - Vendor In	formation					
1. Vendor Name:						
2. Taxpayer ID Number or Soc	cial Security Number:					
3. Vendor Primary Address						
4. Contact Person Name: Contact Person Telephone Number:						
5. Vendor E-Mail Address for	Remittance Notification:					
by electronic funds transfer payment is sent, Westches implemented, Westchester	ter County reserves the rig	ht to reverse	he electronic	payment. In the event	that a reversal ca	nnot be
Authorized Signature			Print Name/Title			Date
7. Bank Name: 8. Bank Address:	Institution Informa	tion				
o. Bainty taarooo.						
9. Routing Transit Number:				10. Account Type: (check one)	Checking	Savings
11. Bank Account Number:		12. B	ank Account T	itle:		
13. Bank Contact Person Name:			Telephone Number:			
14. FINANCIAL INSTITUTION attached to this form): <i>I cer</i> representative of the name payments to the account sh	tify that the account numb d financial Institution, I cen	er and type of	account is m	aintained in the name	of the vendor nam	ned above. As a
Authorized Signature		Print	Name / Title		Da	te
(Leave Blank - to be cor Westchester County) - '	npleted by Vendor number assigr	ned				

Westchester County • Department of Finance • Treasury Division

Electronic Funds Transfer (EFT) Vendor Direct Payment Authorization Form

GENERAL INSTRUCTIONS

Please complete both sections of the Vendor Direct Payment Authorization Form and forward the completed form (along with a voided check for the account to which you want your payments credited) to: Westchester County Department of Finance, 148 Martine Ave, Room 720, White Plains, NY 10601, Attention: Vendor Direct. Please see item 14 below regarding attachment of a voided check.

Section I - VENDOR INFORMATION

- 1. Provide the name of the vendor as it appears on the W-9 form.
- 2. Enter the vendor's Taxpayer ID number or Social Security Number as it appears on the W-9 form.
- 3. Enter the vendor's complete primary address (not a P.O. Box).
- 4. Provide the name and telephone number of the vendor's contact person.
- 5. Enter the business e-mail address for the remittance notification. THIS IS VERY IMPORTANT. This is the e-mail address that we will use to send you notification and remittance information two days prior to the payment being credited to your bank account. We suggest that you provide a group mailbox (if applicable) for your e-mail address.
- 6. Please have an authorized Payee/Company official sign and date the form and include his/her title.

Section II - FINANCIAL INSTITUTION INFORMATION

- 7. Provide bank's name.
- 8. Provide the complete address of your bank.
- 9. Enter your bank's 9 digit routing transit number.
- 10. Indicate the type of account (check one box only).
- 11. Enter the vendor's bank account number.
- 12. Enter the title of the vendor's account.
- 13. Provide the name and telephone number of your bank contact person.
- 14. If you are directing your payments to a Savings Account OR you can not attach a voided check for your checking account, this line needs to be completed and signed by an authorized bank official. IF YOU DO ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, YOU MAY LEAVE THIS LINE BLANK.