



ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR - INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION		
NEW	CHANGE	CANCEL
TAXPAYER ID TYPE (CHECK ONE) 1 = FEIN 2 = SSN		TAXPAYER ID NUMBER
VENDOR/PAYEE NAME		VENDOR NUMBER
VENDOR ADDRESS		LEGAL NAME OF ENTITY OR INDIVIDUAL
CITY		STATE
E-MAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE
VENDOR CONTACT NAME 1:		ZIP CODE
VENDOR CONTACT NAME 2:		PHONE NUMBER
		FAX NUMBER

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME	IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS	FINANCIAL INSTITUTION TELEPHONE NUMBER
CITY	STATE
DEPOSITOR ABA ROUTING NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ABA ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER
DEPOSITOR ACCOUNT TYPE (CHECK ONE) SAVINGS CHECKING	INCLUDED WITH APPLICATION (CHECK ONE) VOIDED CHECK BANK LETTER

SECTION C: VENDOR AUTHORIZATION

I hereby authorize the City of Wichita, Finance Department and the above named financial institution to initiate electronic funds transfers (EFT) into the savings/checking account listed above.

I hereby cancel my ACH/EFT authorization.

AUTHORIZED VENDOR/REPRESENTATIVE (Signature)	DATE
--	------

The City of Wichita must be notified of any bank account changes.
Failure to notify the City of such changes may result in your payment being delayed.

SECTION D: RETURN INSTRUCTIONS

Mail to: City of Wichita, Finance Department, 455 N. Main, 12th Floor, Wichita, KS 67202
 Fax to: (316)219-6308
 Email to: vendor@wichita.gov
The EFT authorization process may take 1-2 weeks before deposits begin. Please see reverse side for details.

SECTION E: ACCOUNTING USE ONLY

ACH/EFT SET UP BY: _____ DATE: _____

NOTES:

ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR

DESCRIPTION

Check the appropriate box for this submission

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER

If known, enter the vendor number assigned to your business by the City of Wichita

VENDOR NAME

Enter the name of the entity or individual:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter name of Business

Corporation - Enter your Doing Business As (DBA) name

Other - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter owner's name (Last Name, First Name and Middle Initial)

Corporation - Enter your name as it appears on the charter or other legal documentation as filed with the IRS

Other - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the mailing address

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter information provided by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ABA ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SUPPORTING DOCUMENTATION

Voided check or bank letter is required to be attached with your application

SECTION C: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by the vendor or an authorized representative before application can be processed.

SECTION D: MAILING INSTRUCTIONS

Three ways to return completed form:

Mail to: Office of Information Technology, 1000 E. 17th St., Wichita, KS 67202

Fax to: (316) 251-1111

Email to: info@cityofwichita.org

GENERAL INSTRUCTIONS

If all the necessary sections on this form are not completed, the application will not be processed.

© 2010 City of Wichita. All rights reserved. This document is the property of the City of Wichita and is loaned to you. It is not to be distributed, copied, or otherwise used without the express written permission of the City of Wichita. If you have any questions, please contact the City of Wichita at (316) 251-1111 or www.cityofwichita.org.