



**CITY OF TUCSON  
FINANCE DEPARTMENT  
ACH/EFT APPLICATION**

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

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FEIN <input type="checkbox"/> 2 = SSN	TAXPAYER ID NUMBER	VENDOR NUMBER
VENDOR/PAYEE NAME	LEGAL NAME OF ENTITY OR INDIVIDUAL	
VENDOR ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
VENDOR CONTACT NAME 1:	PHONE NUMBER	FAX NUMBER
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	ZIP CODE
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) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	INCLUDED WITH APPLICATION (CHECK ONE) <input type="checkbox"/> VOIDED CHECK <input type="checkbox"/> BANK LETTER	

**SECTION C: VENDOR AUTHORIZATION**

I hereby authorize the City of Tucson, 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
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**SECTION D: VENDOR PAYMENT LOCATION**

Vendor payment information may be viewed by going to [www.tucsonaz.gov/vendorpay](http://www.tucsonaz.gov/vendorpay). You must have your City of Tucson vendor number to access payment information.

**SECTION E: MAILING INSTRUCTIONS**

Three ways to return completed form:  
 Mail to: City of Tucson Accounting Services, PO Box 27450, Tucson, AZ 85726-7450, ATTN: EFT Coordinator  
 Fax to: (520) 791-4364, ATTN: EFT Coordinator  
 Email to: [Finance\\_EFT\\_email@tucsonaz.gov](mailto:Finance_EFT_email@tucsonaz.gov)

The EFT process may take 6-8 weeks before deposits begin. Please see reverse side for details.

**SECTION F: ACCOUNTING USE ONLY**

AUTHORIZED SIGNATURE FOR EFT SET UP: _____	DATE: _____
EFT ACTIVATION DATE: _____	
BANK TEST DATE: _____	

## VENDOR 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 Tucson

#### 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.

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E-mail to: [Finance\\_EFT\\_email@tucsonaz.gov](mailto:Finance_EFT_email@tucsonaz.gov)

The EFT process may take 6-8 weeks before deposits begin.

### GENERAL INSTRUCTIONS

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

ACH transactions will be effective approximately 6-8 weeks after the application is approved.

Changing Financial Institution or Depositor Account (within the same Financial Institution)

All deposits will continue to be deposited into your present account, unless notification of the change by submission of a new application with the "CHANGE" box checked at the top of the form is received. Current banking information must be included.