



**DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)**

**VENDOR PAYMENT ENROLLMENT FORM**

**AVAILABLE ON THE NEW YORK CITY'S**

**DEPARTMENT OF FINANCE WEBSITE**

**[http://home2.nyc.gov/html/dof/html/services/services\\_vendors\\_eft.shtml](http://home2.nyc.gov/html/dof/html/services/services_vendors_eft.shtml)**



FINANCE  
NEW YORK  
THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE  
nyc.gov/finance

# DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

**INSTRUCTIONS:** Please complete all sections of this Enrollment Form and attach a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name. See the reverse side for more information and instructions.

**Mail to:** NYC Department of Finance, Treasury Division, One Centre Street, Room 727, New York, NY 10007  
**- Attention: EFT, or Fax to: EFT at 212-669-4656.**

## SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER:  
(AS IT APPEARS ON W-9 FORM)

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2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):

3. VENDOR'S PRIMARY ADDRESS:

4. VENDOR'S EMAIL ADDRESS:

5. CONTACT PERSON NAME:

CONTACT PERSON TELEPHONE NUMBER:

## SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:

2. ACCOUNT NAME:

3. BANK NAME :

4. BANK BRANCH ADDRESS:

5. ROUTING TRANSIT NUMBER:  
(LOCATED AT THE BOTTOM  
OF YOUR CHECK)

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6. ACCOUNT TYPE:  
(CHECK ONE)

CHECKING

SAVINGS

7. DIRECT DEPOSIT/ACH/EFT COORDINATOR'S NAME:

TELEPHONE NUMBER:

## SECTION III - VENDOR SIGNATURE

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)  
VENDOR PAYMENT ENROLLMENT FORM****GENERAL INSTRUCTIONS**

Please complete all sections of the Direct Deposit EFT Enrollment Application and forward the completed application along with a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name to: NYC Department of Finance, Treasury Division, One Centre Street, Room 727, New York, NY 10007 - Attention: EFT, or Fax to: EFT at 212-669-4656.

**SECTION I - VENDOR INFORMATION**

1. Enter the vendor's social security number or taxpayer ID number, the 9-digit number reported on the W-9 form.
2. Provide the name of the vendor (as it appears on the W-9).
3. Enter the vendor's complete address for EFT correspondence associated with this account.
4. Provide the vendor's E-mail address, if you have one.
5. Indicate the name and telephone number of the vendor's contact person. (If you are enrolling yourself individually, you are the contact person.)

**SECTION II - FINANCIAL INSTITUTION INFORMATION**

1. Indicate the vendor's bank account number.
2. Indicate the vendor's account name.
3. Provide bank's name
4. Provide the complete address of your bank.
5. Indicate 9-digit routing (ABA) transit number (located at the bottom of your check).
6. Indicate type of account: (Check one box only).
7. List name and telephone number of your bank's Direct Deposit/EFT Coordinator.

**SECTION III - VENDOR SIGNATURE**

Sign and date where indicated.