



## ELECTRONIC FUNDS TRANSFER REQUEST FORM

Do you want to receive your payment from Lake Havasu City faster? To register with us to be paid via EFT (Electronic Funds Transfer) please complete the information below and mail original to 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 - Attn: Accounts Payable.

VENDOR NAME (as shown on your bank account)			
BUSINESS NAME (if different from above)			
ADDRESS	CITY	STATE	ZIP
CONTACT NAME	PHONE NUMBER	FAX NUMBER	

### FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION	CITY	STATE
TYPE OF ACCOUNT <input type="checkbox"/> Checking	<input type="checkbox"/> Other: _____	
BANK ROUTING NUMBER	BANK ACCOUNT NUMBER	

Email address: \_\_\_\_\_

**I authorize Lake Havasu City to initiate accounting transactions to deposit funds directly to the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to this account. This authorization is to remain in force until Lake Havasu City receives written notice to cancel or change this authorization. Please allow 10 business days for our office to process any change request.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

FOR LAKE HAVASU USE ONLY

Input By/Date: \_\_\_\_\_ Vendor #: \_\_\_\_\_