
ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM**Agency Information:**

IATA # _____

Agency Name: _____

Agency Address: _____

Agency City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: (____) _____

E-Mail Address: _____

Banking Information:

Bank Name: _____

Account Holder Name: _____

Transit Number: _____

Institution Number: _____

Bank Account Number: _____

Vendor's Authorization:_____
Name Title_____
Signature Date