



Vendor EFT Form

GENERAL INFORMATION		
Name:	Telephone Number:	
	FAX Number:	
	E-Mail Address:	
Street Address:	Mailing Address: (If different from Street Address)	
City, State:	ZIP Code:	Country:
Account Type: <u>Checking</u> <u>Saving</u>		
EFT Information: Bank Name	Routing Number	Account Number

Businesses Size Classification

Business Size Large
(Check One) Small

Primary NAICS

If Small, Check below all that apply:

Small Disadvantaged

Small HUBZone

Small Women-Owned

Alaska Native Small or Small Disadvantaged

Small Veteran-Owned

Alaska Native

Service-Disabled Veteran Owned

Minority Institutions Historically Black
Colleges and Universities

8(a) Certified

Duns Number:

Cage Code:

By signing this form I certify that the attached information is correct.

SIGNATURES REQUIRED	
Authorized Representative Name and Title:	Signature:
	Signature Date: