



City of Charleston
Vendor EFT Deposit Enrollment or Change Form



*Business Name _____

*Owner/Contact name _____

*Mailing Address _____

*City, State, Zip _____

*Remittance Email _____

*Business Phone _____

Additional Phone _____

1st time vendor only* Tax ID# _____

Bank Information

*Bank Name _____

*Bank Address _____

*Bank Contact (Name & Phone #) _____

*Bank Routing # (not for wire) _____

*Account Name _____

*Account Number _____

*Account Type Checking_____ Savings_____

*** Attach a voided check or bank letter stating the bank account number and routing number.**

*** Required information**

Please check one box below

I am electing to receive payments from the City of Charleston by EFT and to receive my advices by email. This will remain in effect until the City of Charleston has received written notification from me of its termination.

This form is to change my current EFT payment information and will supersede any prior instructions.

I am electing to stop receiving payments from the City of Charleston by EFT.

Authorized Company

Representative Signature _____

Print Name and Title _____

Date _____

Phone Number _____

Once completed and signed, please email to: gail.fisher@cityofcharleston.org

Questions Please Call: 304-348-8029

Or mail to: City of Charleston c/o Gail Fisher, P.O. Box 2749, Charleston, WV 25330

City of Charleston Use Only

ENTERED: By _____ Date: _____ VALIDATED: By _____ Date: _____ PRENOTED: By _____ Date: _____