



CITY OF KALAMAZOO EFT VENDOR ENROLLMENT FORM

FINANCE USE ONLY:

VENDOR # _____

ENTERED BY: _____

REVIEWED BY: _____

This form is used for payments processed through the City of Kalamazoo electronic payment system. Recipients of these payments agree to notify the City of Kalamazoo of any changes to the information. All information will remain **confidential** and will be used for the sole purpose of processing electronic payments. This form must be accompanied by a completed W-9. Please complete, sign, and return this form, and completed W-9 one of three ways:

By Mail:
City of Kalamazoo
Financial Services Division
241 W. South Street
Kalamazoo, MI 49007

By Fax:
(269)337-8448

By Email:
apinvoice@kalamazoo.org

For questions, please call (269) 337-8020

EFT Action Requested (check one)		
START	CHANGE	CANCEL
Vendor Information		
VENDOR NAME:		
VENDOR ADDRESS:		
SOCIAL SECURITY OR TAXPAYER ID #:		
Vendor Contact Information		
PRIMARY EFT CONTACT NAME:		
E-MAIL ADDRESS:		
PHONE NUMBER:		
FAX NUMBER:		
Financial Institution Information		
FINANCIAL INSTITUTION NAME:		
ACCOUNT HOLDERS NAME:		
ROUTING TRANSIT NUMBER: (9 DIGITS)		
ACCOUNT NUMBER:		
ACCOUNT TYPE: (CHECK ONE)		
CHECKING		SAVINGS
Vendor Authorization		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:		
DATE:		