



CITY OF FULSHEAR – ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT PROGRAM

To enroll or make modifications to information already submitted, please complete all fields on this form and return it to:
City of Fulshear – Finance Department – PO Box 279 Fulshear, Texas 77441 or email: accounting@fulsheartexas.gov

Please check one box:

Enrollment

Modification

Section I – Vendor Information

Vendor Name: _____

Vendor Address, City, State & Zip: _____

Social Security Number or Taxpayer ID Number: _____
As it appears on W-9 form

E-Mail Address: _____

Contact Person Name: _____ Contact Phone Number: _____

Section II – Financial Institution information

Bank Name & Address: _____

Bank ABA Routing Number: _____

Bank Account Number: _____

Account Type: Checking Savings

Section III – Vendor Signature and Authorization

I authorize the City of Fulshear to make payments by direct deposit to the account shown above and to initiate (if necessary) debit entries or adjustments for any credit made in error, of an incorrect amount, or those that are duplicates of a correct payment. I certify that I have authority to act on behalf of the vendor listed above. I understand this authorization will remain in effect until a written authorization requesting cancellation is received at the address listed above.

Print Name

Print Title

Signature

Date

Please complete all sections of this Enrollment Form and attach a voided check, a copy of an encoded deposit slip that includes an imprinted vendor’s name, the first page of a bank statement OR a letter signed by your bank representative confirming account name, account number, and ABA routing number for ACH payment.