



**ELECTRONIC FUNDS TRANSFER REQUEST FORM**

If you wish to receive payment of your invoices by EFT, please complete the information below.

**VENDOR INFORMATION:**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

*(Street, City, State, Zip)*

Vendor Phone: \_\_\_\_\_

**BANKING TYPE/INFORMATION – Please Select One**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

*(Street, City, State, Zip)*

Bank Phone: \_\_\_\_\_

Third Party Banking Information – If Applicable

Vendor Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

*(Street, City, State, Zip)*

Bank Phone: \_\_\_\_\_

**ACCOUNT INFORMATION:**

Bank ABA/Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

CHECKING  SAVINGS  THIRD PARTY CHECKING  THIRD PARTY SAVINGS

**AUTHORIZATION INFORMATION/DETAIL**

Name / Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forward the requested information to:**

**EMAIL: [afg.vendors@ati.org](mailto:afg.vendors@ati.org)**

**FAX: 843.207.5362**

**MAIL: Advanced Technology International**

**Attention: Vendor Administrator**

**315 Sigma Drive**

**Summerville, SC 29486**

Internal Use Only: ATI Policy and Procedures have been followed for the verification and use of third party banking information. Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_