



CITY OF LITTLE ROCK
 Finance • Administration
 Little Rock City Hall
 500 W. Markham St., Third Floor
 Little Rock, AR 72201

P: 501.371.4550
 E: sblade@littlerock.gov

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone Number: _____

ABA Routing #: _____ Account #: _____

Account Type: (please check only one): Checking Savings

Vendor's Authorization:

Please sign below to confirm that you are authorizing the City of Little Rock to begin transferring payments for your invoices to the account mentioned above.

 Signature

 Title

() _____
 Phone Number

 Date

***Additional Verification: Previous Bank Information (if applicable):**

Previous Bank Routing #: _____ Previous Bank Account #: _____

Please submit the completed form and a copy of a voided check, or a letter from your bank providing confirmation of your account information, to sblade@littlerock.gov.

You will be notified by email of the electronic funds transfer (EFT) along with all the information that was previously recorded on the check stub.

For Office Use Only:

I verify that I contacted the vendor with the contact information set up in the Infor Financial System.

Name of Contact: _____

Employee Initials: _____

Supervisor Initials: _____