

Authorization and Payment Information Form for Electronic Funds Transfer

SECTION 1 – TO BE COMPLETED BY PAYEE/VENDOR

NAME OF PAYEE/VENDOR

TAXPAYER IDENTIFICATION NUMBER

CMS EMPLOYEE:

TYPE OF ID NUMBER:

TELEPHONE NUMBER

DUNS NUMBER + FOUR

HOME ADDRESS (STREET, ROUTE, PO BOX)

(CITY)

(STATE)

(ZIP CODE)

CONTACT NAME

TELEPHONE NUMBER

SECTION 2 – TO BE COMPLETED BY PAYEE/VENDOR OR FINANCIAL INSTITUTION

** IN LIEU OF COMPLETING SECTION 2 YOU MAY ATTACH A VOIDED CHECK**

NAME OF FINANCIAL INSTITUTION

BANK ROUTING TRANSIT NUMBER

BANK ADDRESS (STREET, ROUTE, PO BOX)

(CITY)

(STATE)

(ZIP CODE)

DEPOSITOR ACCOUNT NUMBER

TYPE OF ACCOUNT:

Please enter account information carefully. If you are uncertain how your account number should be entered, please verify the information with your financial institution.

SECTION 3 – INTERNAL CMS/AMG USE ONLY

SELECT ACTION:

INDIVIDUAL SUFFIX:

PAY SITE:

VENDOR TYPE:

BUSINESS SUFFIX:

10 99:

GOV VENDOR:

COUNTY:

PROMPT PAY:

TRADING PARTNER:

DISTRICT:

PAYMENT TERMS:

SES EMPLOYEE:

PLAN NUMBER:

COMMENTS -

