

# Corporate Electronic Funds Transfer (CEFT) Form

**\*\* ALL FIELDS ARE REQUIRED. PLEASE TYPE ALL FIELDS EXCEPT SIGNATURE. \*\***

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Payee Name (Exactly as filed with IRS) \_\_\_\_\_

SSN \_\_\_\_\_ or EIN/TIN/DUNS/CAGE CODE \_\_\_\_\_

Status Code:

Corporation? Answer Y/N \_\_\_\_\_

DoD connected? Answer Y/N \_\_\_\_\_

Individual? Answer Y/N \_\_\_\_\_

Payee **MAILING** Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Payee Bank Name \_\_\_\_\_

Payee Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Payee Bank Telephone Number \_\_\_\_\_

ACH Nine-Digit Routing Transit Number \_\_\_\_\_

Depositor (Payee) Account Number \_\_\_\_\_

Type of Account (Checking or Savings) \_\_\_\_\_

Payment Format (CTX, CCD, or PPD) \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Account Holder's Signature **X** \_\_\_\_\_

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POC Name (for the Payee) \_\_\_\_\_

POC Phone Number \_\_\_\_\_

POC Email Address \_\_\_\_\_

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