



Electronic Funds Transfer (EFT) Application

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Updated **APR 2023**

NOTICE TO APPLICANT

If the applicant's company is using an email filtering program ("spam blocker"), the City of Pooler's remittance emails could be blocked. To ensure emails are received, applicant should contact their network administrator to have the following email address added to their "safe" list: noreply@pooler-ga.gov. If the applicant's voided check or bank document is not received, the EFT form will not be processed.

The individually identifiable financial information on this form collected by the City of Pooler is used only for the purpose of payment of supplier invoices and will not be disclosed to anyone other than the claimant or their legal representative.

The remittance email detailing the invoice number, invoice amount paid, date of payment, and total dollar value of the payment will be sent to the remittance email address specified below. This form should be used to notify the City immediately of any banking information changes.

Vendor Information

Application Type: New Setup Cancellation Change of Information _____ Effective Date

Legal Name of Applicant Company Name

Company Address

Remittance Address (if different from above)

Remittance Contact Name Remittance Contact Title

Remittance Contact Email Remittance Contact Phone

Banking Information

Please attach a voided check or document from your bank showing the routing and account number.

Account Type: Checking Savings

Bank Name Name on Account

Routing Number Account Number



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I hereby authorize the City of Pooler to direct payments electronically to the bank account specified. I acknowledge that the origination of EFT transactions to the specified account must comply with the provisions of United States law. This authorization agreement is effective as of the date above and is to remain in full force and effect until the City of Pooler has received notification of its termination. I agree to submit an updated EFT Authorization Agreement Form to the City of Pooler for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Applicant Name

Applicant Signature

Date