

Vendor EFT Payment Form

As a payment option, Community Shelter Board offers Partner Agencies the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking account of your choice. To receive payments electronically, please complete this form, **attach a voided check or letter from your bank verifying the account information**, and return to Community Shelter Board, 355 E Campus View Blvd, Suite 250, Columbus, OH 43235 attn.: Michelle Trudeau.

Payee Information			
Payee Name:		SSN or Federal ID #:	
Remit Address(es) for applicable accounts:			

Bank Information	
Bank Name:	
Name on Account:	
Account #:	
Routing #:	

Payee Contact Information	
Name:	
Phone:	
Email:	

Any changes will require a newly completed form.

How to revoke your Authorization:

This authorization will remain in effect until I have canceled it in writing with Community Shelter Board. I understand that Community Shelter Board requires at least seven (7) business days prior notice in order to cancel authorization.

Name: _____
Please print _____ Title: _____

Authorized Signature

Date

CSB Finance Department Use Only:	
Added to MIP:	Added to HNB: