

EFT - Direct Deposit form

(FAX OR XEROX COPIES ARE NOT ACCEPTABLE)

THE NAVAJO NATION

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Dear Client,

The Navajo Nation Office of the Controller Accounts Payable Section is announcing and offering electronic payments in lieu of check payments. The Electronic Funds Transfer (EFT) is fast, secure, low-cost and convenient.

The Office of the Controller invites you to enroll in the EFT payment program. To enroll, complete the EFT form and return the original signed form **and** bank information per page 2 to the Accounts Payable section.

If you have questions, contact the Accounts Payable Section.

Thank you,

I hereby authorize the Navajo Nation to setup and initiate Electronic Funds Transfer (EFT) credit amounts for invoice payments to the primary bank account listed.

I acknowledge that the origination of EFT transactions must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled in a written statement.

I certify that I am an authorized representative/member of Company Name:

Financial Bank Name: _____

Financial Bank Address: _____

Select Only One: Checking account Savings account

Bank Routing Number: _____

Bank Account Number: _____

Email Address for Deposit Notification: _____

Tax Identification Number (SS or EIN): _____

Mailing Address: _____

Contact Telephone Number: _____

Business Home Cellular

Read and initial beside each of the following to confirm understand the EFT Direct Deposit Policy & Procedures regarding the enrollment. Will not be process without acknowledgement.

____ I understand that it is **my responsibility to verify that payments have been credited to my bank account** and that the Navajo Nation assumes no liability for overdrafts for any reasons on my bank account.

____ I understand that a bank account in my name will be setup for EFT direct deposit. Partial direct deposits for two or more bank accounts will not be permitted.

____ I am responsible to **notify the Office of the Controller Accounts Payable Section immediately before** any payment is made of changes or cancellation to my bank account. If I do not notify Accounts Payable Section, I understand that this will result in a Reject Item which will delay the retrieval of payment three to five business days for a reissue.

____ I have attached a blank voided check, a bank direct deposit form or bank letter that certify bank information. It is my understanding this EFT form will be confidential.

____ If I do not follow the procedures outlined, I release the Office of the Controller Accounts Payable Section from any and all liabilities.

ATTACH VOIDED BLANK CHECK OR BANK DIRECT DEPOSIT INFORMATION FORM

DEPOSIT SLIP/TICKETS WILL NOT BE ACCEPTED

Do not staple check, use scotch tape to attach

A voided check or bank direct deposit information form will confirm the account numbers provided. Occasionally, find bank account numbers are incorrect, incomplete and/or handwritten information is not legible.

⑆000000000⑆ 0000000000⑆ 000
Routing Number Account Number

Print Name

Company/Business Title

Signature

Date

FOR ACCOUNTS PAYABLE / OOC USE ONLY

AB# _____

SETUP

PAYMENT INSTRUMENT, TELEPHONE,
EMAIL, BANK NUMBERS, ATTACHMENT

UPDATE

INITIAL _____ DATE _____