

# EFT - Direct Deposit form

**(FAX OR XEROX COPIES ARE NOT ACCEPTABLE)**

THE NAVAJO NATION

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Navajo Nation  
Office of the Controller  
**Accounts Payable**

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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 to the Accounts Payable section.

If you have any 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⑆ 000000000⑆ 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 \_\_\_\_\_