



CITY OF LITTLE ROCK

Finance • Comptroller
Little Rock City Hall
500 W. Markham St., Third Floor
Little Rock, AR 72201

P: 501.371.4777
E: JDuncan@littlerock.gov

ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

Vendor Information:

Vendor Name: _____

Remittance Address: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone Number: _____

ABA Routing #: _____ Account #: _____

Account Type: (please check only one): Checking ☐ Savings ☐

Vendor's Authorization:

Please sign below to confirm that you are authorizing the City of Little Rock to begin transferring payments for your invoices to the account mentioned above.

Signature

Title

() _____
Phone Number

Date

***Additional Verification: Previous Bank Information (if applicable):**

Previous Bank Routing #: _____ Previous Bank Account #: _____

Please submit the completed form, a copy of a voided check, or a letter from your bank providing confirmation of your account information and copy of your W-9, to JDuncan@littlerock.gov.

You will be notified by email of the electronic funds transfer (EFT) along with all the information that was previously recorded on the check stub.

For Office Use Only:

I verify that I contacted the vendor with the contact information set up in the Infor Financial System.

Name of Contact: _____

Employee Initials: _____

Supervisor Initials: _____