



**City of Little Rock – Department of Finance**

500 West Markham, Suite 338  
Little Rock, AR 72201-1493

(501) 371-6860  
(501) 371-6869

Fax: (501) 371-6823

email: mmcgruder@littlerock.gov  
scooney@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 and a copy of a voided check, or a letter from your bank providing confirmation of your account information, to mmcgruder@littlerock.gov or scooney@littlerock.gov.*

*You will be notified by email of the electronic funds transfer (EFT) along with all of 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:** \_\_\_\_\_