



Electronic Funds Transfer Authorization Agreement

Submission Methods:

Secure fax:
(916) 852-8823 - Attention: Accounting Clerks

Mail:
VSP
Attention: Accounting Clerks - MS 228
3333 Quality Drive
Rancho Cordova, CA 95670

Reason for Submission:

- New EFT Enrollment
- Revision to current EFT setup (i.e. account/bank change)

Vendor #:
(7 digit number of your Concur Login ID)

Vendor Information:

Name of Payee:

Tax Identification Number: SSN EIN

Address of Payee:

Depository Information (Financial Institution):

Bank/Depository Name: Checking Savings

Depository Routing Number (nine digits - include any leading zeros):

Depository Account Number (include any leading zeros):

Billing Contact Information:

Name: **Phone:**

Email Address:

Authorization:

I hereby authorize VSP to initiate credit entries, and initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until VSP has received written notification from me of its termination in such time and such manner as to afford VSP and the DEPOSITORY a reasonable opportunity to act on it. VSP will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to VSP an updated EFT Authorization Agreement.

Signature of Authorized Billing Contact

Date

