

**METROPOLITAN HUMAN SERVICES DISTRICT ~ FISCAL DEPARTMENT
 DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)
 VENDOR PAYMENT ENROLLMENT FORM**

Mail To: Metropolitan Human Services District
 Attn: EFT/Danica Mason
 3100 General De Gaulle
 New Orleans, La 70114
 or Fax to: EFT/Danica Mason at (504) 620-2860 or Email to: danica.mason@mhsdla.org

 Enrollment

 Modification

INSTRUCTIONS: Please check only one of the two boxes above. Check the enrollment box to sign up for EFT. Check the Modification box if you are currently enrolled and are making changes to the Vendor and/or Financial Institution information you have already submitted.

The person completing this form must be an individual who can authorize changes related to SECTION II - FINANCIAL INSTITUTION INFORMATION. **The person signing this form in Section III must be the same Contact Person in Section I.**

Please complete all sections of this Enrollment Form and attach a **voided check** OR a **letter signed by your bank representative**, confirming account name, account number, and ABA routing number for ACH payments.

Note: Your application cannot be processed without this documentation.

SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER:
 (AS IT APPEARS ON THE W-9 FORM)

2. VENDOR NAME (AS IT APPEARS ON THE W-9 FORM):

3. VENDOR'S ADDRESS (FOR EFT ENROLLMENT PURPOSES):

4. VENDOR'S EMAIL ADDRESS:

5. CONTACT PERSON'S NAME:	6. CONTACT TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:	2. ACCOUNT NAME:
<input type="text"/>	<input type="text"/>

3. BANK NAME

4. BANK BRANCH ADDRESS:

5. BANK 9-DIGIT ROUTING NUMBER: (LOCATED AT BOTTOM OF CHECK) <input type="text"/>	6. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS: (CHECK ONE BOX ONLY) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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SECTION III - VENDOR SIGNATURE AND AUTHORIZATION

I, hereby confirm my authority, as an authorized signed of the above-reference bank account, to issue these instructions to credit and or debit the bank account. I authorize Metropolitan Human Services District to Direct Deposit all entitled payments to the account specified above and to initiate (if necessary) debit entries or adjustments for any credit (i) made in error, (ii) of an incorrect amount, (iii) that were duplicates of a correct payment. I understand that this authorization will remain in effect until a written authorization request cancellation is submitted to the fax number above.

1. VENDOR SIGNATURE - MUST BE THE SAME CONTACT PERSON FROM SECTION I _____	2. DATE - MM/DD/YYYY _____
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