



BUREAU OF ACCOUNTING AND PAYROLL SERVICES
401 E. FAYETTE STREET, SUITE 500
BALTIMORE, MARYLAND 21202
FAX: 410.396.3770

Office Use:	
Vendor #	Verified

VENDOR PAYMENTS & ELECTRONIC FUNDS TRANSFER FORM

Select the applicable box below:

- New EFT** – Initiate payment to this vendor by Electronic Funds Transfer
- Change** – Modify the vendor file for:
- Change in remittance address
 - Change in EFT accounts / information
 - Change in Company name, with no change in Tax ID
- Discontinue** – Inactivate use of Electronic Funds Transfer to this Vendor

VENDOR INFORMATION

Vendor / Payee Legal Name _____

Other Name (d/b/a) _____

Primary address

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Remittance address

(If different from primary)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Point of Contact for EFT

NAME _____ PHONE _____

Email for EFT / Remittance notifications _____

BANK INFORMATION

Bank Name _____

Bank Address

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Bank ABA# (9 Digits) _____

Account# _____

TAX ID INFORMATION

A completed W9 may be required if not provided to the City within the last 24 months. Click [here](#) for W9 form.

Tax ID (TIN/SSN) _____

Name of Business/Individual associated with ID _____

Date completed W9 submitted to Baltimore City Payables _____

I certify that I am authorized to conduct business for the above transactions(s). I hereby authorize the Mayor and City Council of Baltimore, Bureau of Accounting and Payroll Services to take the above action. I understand that all future payments will be in the selected format only, either all checks or all electronic transfers. In the event that the City of Baltimore notifies the bank that funds to which I am entitled have been deposited into my account inadvertently, I hereby authorize and direct the bank to return said funds to the City of Baltimore as soon as possible.

Authorized Signature

Date