

## **ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM**

Vendor Information:					
Vendor Company Name	;				
Remittance Address:					
Remittance City:		State:		Zip _ Code:	
Contact Name:			_ Phone #:	_()	
E-Mail Address:					
Banking Information					
Vendor's Bank Name:					
Bank Address:					
Bank's City:		State:	2	Zip Code:	
Bank Contact Name:			Phone #:	( )	
ABA Routing #:			Account #:		
Account Type (please check only one)	Checking	] Savi	ngs 🗌		
Vendor's Authorizatio	on:	]			
Please sign below to authoriz above.	ze Tadmore Trar	- nsportation to	o transfer payr	nents for your invoices to the a	
Signature				Title	
() Phone Number			Date		

\*The remittance information will be sent electronically to your bank. Tadmore does <u>not</u> mail nor fax this information. PRIOR TO SUBMITTING FORM, please contact your bank to ensure they support this kind of transaction.

- 1. Please provide a voided check.
- 2. Return this form via email (<u>billing@tadmoretrans.com</u>) or fax **419-724-5740**



