

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION FORM

PART I: ACCOUNT HOLDER INFORMATION

- Enter the name of the payee / vendor legal business name, **as reported to the Internal Revenue Service (IRS)**.
- Enter the **Doing Business As (DBA)** name if different from the legal business name.
- Enter the account holder's street address.
- Enter the account holder's city, state, and zip code.
- Enter the Tax Identification Number (TIN) as reported to the IRS and select the TIN type, Social Security Number (SSN) or Employer Identification Number (EIN).
- Enter the Unique Entity Identifier (UEI) if applicable. UEI is a twelve-character code issued by the System for Award Management (SAM) to identify businesses and other entities that do business with the federal government and only applies to procurement and grant vendors.
- Enter the Commercial and Government Entity (CAGE) code if applicable. The five-character CAGE code is a standardized method of identifying a given facility at a specific location and only applies to procurement vendors.
- Enter the contact name and telephone number if applicable.

PART II: FINANCIAL INSTITUTION INFORMATION

- Enter your financial institution's name (this is the name of the bank or qualifying depository that will receive the funds).
- Enter the financial institution's nine-digit routing number.
- Enter your financial institution's deposit account number including all zeros and select the type of account (checking or savings).

PART III: SIGNATURE LINE

- Enter the digital signature of preparer by selecting the signature box.

PART IV: FOR INTERNAL CMS / AMG USE ONLY

- Do not enter any information in this section. For internal CMS / AMG use only.

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

PART I: ACCOUNT HOLDER INFORMATION

Name of Payee / Vendor Legal Business Name *(if individual, please provide first name, middle initial, last name, and suffix)*

Doing Business As (DBA)

Street Address

City

State

Zip Code

Tax Identification Number (TIN)

TIN Type: (select one)

SSN (individual) OR

EIN (group/organization/corporation)

Unique Entity Identifier (UEI)

Commercial and Government Entity (CAGE) Code

Contact Name (optional)

Contact Telephone Number (optional)

PART II: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

Routing Number (must be 9 digits)

Deposit Account Number (include all zeroes)

Type of Account (select one)

Checking Account

Savings Account

PART III: SIGNATURE LINE

Signature

PART IV: FOR INTERNAL CMS / AMG USE ONLY

Select Action:	Individual Suffix:	Federal Vendor:	End-Date Header:
Vendor Type:	Business Suffix:	Trading Partner:	Hold from Payment:
CMS Employee:	Supplier Payment Terms:	IPP Flag:	Third Party Pay Eligible:
SES Employee:	1099:	Third Party Pay Supplier Name:	Third Party Pay Site:
