



## SEFA Charity EFT Financial Contact Form

**Agency Name:** \_\_\_\_\_

**Electronic Payment Information:** Please complete with information for the bank account that will receive electronic payments for your organization.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Type:       Checking (*must attach a **VOIDED** check*)       Savings

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**Web Portal Contact Information:** Please provide contact information for the person who will be processing payments and accessing related reports.

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Additional Comments:**

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