



City of Anacortes

STOP WAITING FOR THAT CHECK TO ARRIVE!

Receive your payment faster and securely using the City's ACH/EFT program.

Simply fill out the form and we will do the rest. We will notify you via email or fax when a payment is scheduled and the invoices to which it applies.

Request for Vendor EFT Information		
EFT Action Requested (check one)		
Start []	Change []	Cancel []
Vendor Information		
VENDOR NAME:		
VENDOR ADDRESS:		
Vendor Contact Information		
PRIMARY EFT CONTACT NAME:		
EMAIL ADDRESS:		
PHONE NUMBER:		
FAX NUMBER: (ONLY IF FAX NOTIFICATION IS PREFERRED)		
Financial Institution Information		
FINANCIAL INSTITUTION NAME:		
ROUTING TRANSIT NUMBER: (9 DIGITS)		
ACCOUNT TYPE: (CHECK ONE)	Checking []	Savings []
ACCOUNT NUMBER:		
Vendor Authorization		
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:		
DATE:		

Email/Mail or Fax form to:

City of Anacortes
P.O. Box 547
Anacortes, WA 98221
p.360-299-1962 | f.360-293-1928 | accountspayable@cityofanacortes.org