

ACH/Wire Transfer Verification Form

Name of Requestor/Agency/District: _____

Requestor/Agency/District **Physical** Address: _____

(City) (State) (Zip)

If your Agency is the beneficiary of the wired funds:

Bank/Financial Institution Name: _____

Receiving Bank's Address: _____

Account Name: _____

Account Number: _____

ABA/Routing Number: _____

(Must be nine digits)

If another Agency (other than yours) is the beneficiary of the wired funds:

Bank/Financial Institution Name: _____

Receiving Bank's Address: _____

Account Name: _____

Account Number: _____

ABA/Routing Number: _____

(Must be nine digits)

Further Wire Instructions if applicable (ie: Final Credit, special instructions):

By my signature below, I certify the information I provided on this form is true, accurate, and complete. I agree that if, or when, there is a change to the information provided on this form, I will notify the El Dorado County Auditor-Controller of such changes by submitting an updated ACH/Wire Transfer Verification Form

Signature

Please Print Name

Verification Completed by: _____ **Method of Verification:** _____ **Date:** ____/____/____

Phone# used for callback verification: ____-____-____ **Comments:** _____