

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