



State of Wyoming
State Auditor's Office



Save a Tree
Choose EFT

Vendor Payment Direct Deposit (EFT) Bank Certification

Please fill in the following information to allow vendor payments to be processed by EFT (direct deposit). All Fields required.

Part 1: Vendor Information (Vendor fills this in this section)		
Vendor Name:		
Vendor Address:		
City:	State:	Zip:
Vendor Phone Number:		
Part 2: Bank Information (Bank Representative fills this in this section)		
Routing Number:		
Account Number:		
Account type:	(only select one) Checking: <input type="checkbox"/>	OR Savings: <input type="checkbox"/>
Bank Name:		
Bank Address:		
City:	State:	Zip:
Bank Phone Number:		
<i>Bank Representative Signature</i> ► <small>(Required)</small>	Date:	
Part 3: Vendor Signature Authorization (Vendor fills this in this section)		
Vendor Preparer's Name (Please Print):		
By signing below, I authorize to initiate/change my vendor payment direct deposit (EFT-Electronic Funds Transfer):		
<i>Signature of Vendor</i> ► <small>(Required)</small>	Date:	



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