

Deltek Electronic Funds Transfer (EFT) Authorization Form

Please check appropriate box:			New E			Change	to existing EFT account			
Completion of this form authorizes Analex to settle invoices via EFT payment. Transmission will be initiated on the due date as determined by the terms and conditions of your agreement with Analex. Actual funds will be available at Seller's bank within one business day. Seller must verify that seller's bank will provide seller with these payment details and also that seller's account accepts EFT. If Seller has a change to seller's bank account, it is seller's responsibility to notify Analex's Supply Chain or Accounts Payable by completing a new EFT form.										
Provide information in grey spaces.										
Payee / Company Information										
Company Name:										
Doing Business As (DBA):										
Street Address:										
City:		State:		Zip:				Country:		
Current Banking Information:										
Bank Account Number:										
Bank Name:										
Street Address:										
City:		State:		Zip:				Country:		
Bank Routing #: Bank Contact:										
Account Type: Checki		ing	Saving				E	Bank Phone:		
Prior Banking Information:										
Bank Account Nur										
Bank Name:										
Street Address:										
City:		State:		Zip:				Country:		
Bank Routing #:		Bank Co	nk Contact:							
Account Type:	Checki	ing	Saving	•			E	Bank Phone:		
	•									
Authorized Official Submitting EFT Authorization Form										
Completed by:							Signature of Authorized Official			
Name:					ate:					
Email:										
Phone:										
Title:										