



CITY OF PORTLAND
Vendor Electronic Fund Transfer Form

By filling out this form your organization is agreeing to have (EFT) electronic fund transfer payments instead of a vendor check.

Company Name: _____

Contact Person: _____

Telephone Number: _____

Federal Tax ID: _____

Email address to notify of payments: _____

Financial Institution Name: _____

Address: _____

ABA/Routing #: _____

Account #: _____

Return the form by one of the following means:

Fax: (207) 756-8374;

email: apdept@portlandmaine.gov ;or

mail: City of Portland, 389 Congress St. Room #104, Portland, ME 04101-3509