



NEW HANOVER COUNTY ANNOUNCES

FREE ELECTRONIC FUNDS TRANSFER (EFT) PROGRAM

- With EFT, your payments will be directly deposited into your bank account.
- You will receive notification of your deposit by email if an email address is provided.
- Enrollment in the County's EFT Program is voluntary.
- You **MUST** provide a voided check with your completed EFT form for account verification.
- Bank deposit slip will not be accepted in lieu of a voided check.
- Verification of your account information with a pre-note for the first transmission will be performed to ensure that your bank information is correct.
- The County's regular days for transmitting payments are Tuesdays and Thursdays. Whenever the regular transmission day falls on a holiday, payments will be transmitted on Monday or Wednesday.
- If you close your account, EFT payments can take up to 5 days to be returned from the bank. **NO** payment will be reissued until funds are returned to the County from your bank.
- You must complete the EFT form to change your bank information.
- If you no longer want to participate in the EFT program, you must complete the EFT form to cancel your request.

Contact New Hanover County Finance at (910) 798-7187 or email VendorApplication@NHCgov.com for additional information.

I acknowledge I have been offered electronic payment of funds

Please check one of the following:

I want to enroll in EFT payment and have attached required Electronic Funds Transfer Form and bank documentation.

I do not want to enroll in EFT payment at this time.



Date _____

NEW HANOVER COUNTY ELECTRONIC FUNDS TRANSFER FORM (EFT)

(1) EFT Action Requested (check one)		
START	CHANGE	CANCEL
IMPORTANT: For a start or change request, attach a voided check with completed form.		

(2) Vendor Information
VENDOR NAME:
VENDOR ADDRESS:
SSN OR TAXPAYER ID NO:

(3) Vendor Contact Information
PRIMARY EFT CONTACT NAME:
E-MAIL ADDRESS:
PHONE NUMBER:
FAX NUMBER:

(4) Financial Institution Information		
FINANCIAL INSTITUTION NAME:		
ADDRESS:		
ROUTING TRANSIT NUMBER: (9 DIGITS)		
ACCOUNT TITLE:		
ACCOUNT NUMBER:		
ACCOUNT TYPE: (CHECK ONE)	CHECKING	SAVINGS

(5) Vendor Authorization
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
DATE:

(6) ***For New Hanover County Use***
VENDOR ID # FROM MUNIS:
VERIFICATION SIGNATURE AND DATE:

Instructions for Completing 'Request for Vendor EFT Information' Form

1. **EFT Action Requested Section:** Place an "X" in the appropriate box to indicate if you are requesting to start EFT, change your current EFT information on file with New Hanover County, or cancel (discontinue) receiving payments via EFT.

IMPORTANT: If you are submitting a start or change request, you MUST include a voided check along with the completed form or your request will not be processed.

2. **Vendor Information Section:** This section will be completed by New Hanover County prior to mailing. NHC completes this section to ensure that banking information is correctly associated with the proper vendor information within the payables system.
3. **Vendor Contact Information:** Provide the name, e-mail, phone and fax number of the individual who will be the primary EFT contact.
4. **Financial Institution Information:** The information provided by the vendor in this section will determine to which financial institution and account NHC directs payments. The check image below should aid in gathering financial information to complete this form.
 - a) Financial Institution Name – Provide the name of the financial institution to which payments are to be directed.
 - b) Address – Provide the full address of the financial institution to which payments are to be directed.
 - c) Routing Transit Number – A bank identifier, always found at the bottom of your check. This number is 9 digits long.
 1. If your check includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for EFT processing.
 - d) Account Title – Provide the depositor's name (account holder's name) on the account to which payments are to be directed.
 - e) Account Number – Your bank account number at your financial institution. There is no fixed number of digits, account numbers vary in length from bank to bank.
 - f) Account Type - Place an "X" in the appropriate box to indicate a checking or savings account.

The diagram shows a check with the following fields and labels:

- NAME OF DEPOSITOR:** STREET ADDRESS, CITY, STATE (Label **d** points to this area).
- PAY TO THE ORDER OF:** (Label **a** points to this field).
- NAME OF YOUR BANK:** Payable Through Another Bank (Label **c1.** points to this field).
- For:** (Label **c1.** points to this field).
- MICR Line:** ⑆021001082⑆ 123 456 789⑆ 0101 (Label **c** points to the routing number, and label **e** points to the account number).
- Other labels:** 19, \$, DOLLARS, 101.

5. **Vendor Authorization:** Proper authorization must be provided by an authorized official in order for NHC to process the EFT Request form. The authorized official should sign and date the form, as well provide his\her title.
6. *****For New Hanover County*** Section:** This section will be completed by New Hanover County. This information aids NHC in vendor identification within the payables system.