Internal Use Only	Internal	Use	Only
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Electronic Funds Transfer Authorization Form

I hereby authorize Los Alamos National Laboratory, hereinafter called the Laboratory, to make electronic payments for invoice payments (vendors), travel reimbursements, small purchase reimbursements and royalty payments (employees). If necessary, the Laboratory will need to adjust any payments made to the account in error. Incomplete forms will be returned.

Return completed form to: Treasury Dept.,

Los Alamos National Laboratory

P.O. Box 1663, MS P231, Los Alamos, NM 87545

Ph: 505-667-4090 or fax to (505) 606-0102

1 ii. 303 007 4030 01 tax to (303) 000 0102							
	Financial Insti	tution 1	Information				
Financial Institution:							
Address:							
City / State / Zip:		Telephone #:					
You may only setup one bank account for Electronic Fund Payments							
New Checking	New Savings		Cancel Checking Cancel Savings				
ABA # (Must Be 9 Digits):		Account	t #:				
FOR CHECKING ACCOUNT AUTHORIZATION ATTACH A VOIDED CHECK HERE:							
- -	Your Name 1234 Oak Anytown, USA		1001 19-2/1250				
· ·	Bank of America. ACH R/T 123456789 FOR ABA Check Routing Number 1 234 55 789 Account	Number Chec	DOLLARS DOLLARS ACH Routing/Transit Number 123456789				
THIS FORM WILL NOT BE PROCESSED WITHOUT A CHECK OR COPY OF ONE. DEPOSIT SLIPS WILL NOT BE ACCEPTED							
Authorization Information							
E-mail Address (for payment notifications):							
Printed Name		Telephone:					
Authorized Signature:			Date:				
Vendor Only			Employee Only				
Company Name or DBA:			Z#:				
Address:							
City/State/Zip:							

Please allow 30 days for processing additions or changes. Separate forms must be submitted for additions or cancellations. This form is to remain in effect until the Laboratory has received written notification from an authorized representative of its termination in such time to afford the Laboratory and the Financial Institution a reasonable opportunity to act.