



# DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

Mail to: Housing Authority of the City of Charleston Attn: Housing Services  
550 Meeting Street Charleston, SC 29403  
or Fax: (843) 720-3977  
or Email: hcv@chacity.org

**INSTRUCTIONS:** Please complete all sections of this Enrollment Form and attach a voided check or copy of an encoded deposit slip that includes an imprinted vendor's name. See the reverse side for more information and instructions

## SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER: (AS IT APPEARS ON W-9 FORM)		<input type="text"/>
2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):  		
3. VENDOR'S ADDRESS (FOR EFT ENROLLMENT PURPOSES):  		
4. VENDOR'S EMAIL ADDRESS:  		
5. CONTACT PERSON NAME:	CONTACT PERSON TELEPHONE NUMBER:	

## SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:	2. ACCOUNT NAME:	
3. BANK NAME:  		
4. BANK BRANCH ADDRESS:  		
5. ROUTING TRANSIT NUMBER: (LOCATED AT THE BOTTOM OF YOUR CHECK)	<input type="text"/>	6. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS: (CHECK ONE BOX ONLY) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
7. DIRECT DEPOSIT/ACH/EFT COORDINATOR'S NAME:	TELEPHONE NUMBER:	

## SECTION III - VENDOR SIGNATURE

_____ VENDOR SIGNATURE	_____ PRINT NAME	_____ DATE
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# **DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM**

## **GENERAL INSTRUCTIONS**

Please complete all sections of the Direct Deposit EFT Enrollment Application and forward the completed application along with a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name to: Housing Authority of the City of Charleston Attn: Housing Services 550 Meeting Street Charleston, SC 29403 or Fax to EFT at (843) 720-3977 or email to [hcv@chacity.org](mailto:hcv@chacity.org).

## **SECTION I - VENDOR INFORMATION**

1. Enter the vendor's social security number or taxpayer ID number, the 9-digit number reported on the W-9 form.
2. Provide the name of the vendor (as it appears on the W-9).
3. Enter the vendor's complete address for EFT correspondence associated with this account.
4. Provide the vendor's E-mail address, if you have one.
5. Indicate the name and telephone number of the vendor's contact person. (if you are enrolling yourself individually, you are the contact person.)

## **SECTION II - FINANCIAL INSTITUTION INFORMATION**

1. Indicate the vendor's bank account number
2. Indicate the vendor's account name.
3. Provide bank's name.
4. Provide the complete address of your bank.
5. Indicate 9-digit routing (ABA) transit number (located at the bottom of your check).
6. Indicate type of account. Account must be designated as either checking or savings (Check one box only).
7. List name and telephone number of your bank's direct Deposit/EFT Coordinator.

## **SECTION II - FINANCIAL INSTITUTION INFORMATION**

Sign and date where indicated.