

EFT - Direct Deposit Form

THE NAVAJO NATION

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Navajo Nation
Office of the Controller
Accounts Payable

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Dear Client,

The Navajo Nation Office of the Controller-Accounts Payable section is offering electronic payments in lieu of check payments. The Electronic Funds Transfer (EFT) is secure and at no-cost.

The Office of the Controller invite to enroll in the EFT payment program. To enroll, complete the entire EFT form, return signed and dated **and** bank information per page 2 to the attention Accounts Payable.

If have questions, contact the Accounts Payable section.

Thank you

I hereby authorize the Navajo Nation to setup and initiate Electronic Funds Transfer (EFT) credit amounts for invoice payment(s) to the sole primary bank account listed.

I acknowledge that the origination of EFT transactions must comply with the provisions of U.S. law. This EFT Direct Deposit authorization will remain in effect until I have cancelled in a written statement.

I certify as an authorized representative of **Company Name/Doing Business As (DBA):**

Financial Bank Name: _____

Financial Bank Address: _____

Select **Only One**: ☐ Checking account ☐ Savings account

Bank Routing Number: _____

Bank Account Number: _____

Email Address for Deposit Notification: _____

Tax Identification Number (SSN or EIN): _____

Mailing Address: _____

Contact Telephone Number: _____

☐ Business ☐ Home ☐ Cellular

Read and initial beside each of the following to confirm understanding of the EFT Direct Deposit Policy & Procedures regarding enrollment. Will not be process without acknowledgement, **no X's or √'s**

_____ I understand that it is **my responsibility to verify that payments have been credited to my bank account** and that the Navajo Nation assumes no liability for overdrafts for any reasons.

_____ I understand that a bank account is in my name will be setup for EFT direct deposit. Partial direct deposits for two or more bank accounts will not be permitted.

_____ I am responsible to **notify the Accounts Payable section/ Office of the Controller immediately before** any payment(s) is made of changes or cancellation to my bank account. If I do not notify Accounts Payable section, I understand that this will result in a Reject Item which will delay the retrieval of payment three to five business days for a reissue.

_____ Attached a **bank direct deposit form or bank letter that certify bank representative for Bank Account must include Account Name, Route number and Account number**, printed, no handwritten/alteration. It is understanding EFT form will be confidential.

_____ If I do not follow the procedures outlined, I release the Accounts Payable section/ Office of the Controller from any liability(ies).

▼ **ATTACH BANK DIRECT DEPOSIT FORM OR BANK LETTER** ▼

DEPOSIT SLIP/TICKETS, BANK STATEMENTS AND COMPANY FLYERS
WILL NOT BE ACCEPTED

A bank direct deposit form or Bank letter will confirm the account numbers provided. Occasionally, find bank account numbers are provided are incorrect, incomplete and alteration /handwritten information is not allowed on bank document.

⑆0000000000⑆ 0000000000⑆ 000
Routing Number Account Number

Print Name

Company/Business Position Title

Signature

Date

FOR ACCOUNTS PAYABLE OOC USE ONLY

AB# _____

SETUP: ☐
PAYMENT INSTRUMENT, TELEPHONE,
EMAIL ADDRESS, BANK NAME & NUMBERS

UPDATE: ☐

INITIAL _____ DATE _____