



**ACCOUNTS PAYABLE ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM**

New EFT Participant       Change Bank Account Info       Cancel EFT

Company Name:	Financial Institution:
Address:	Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone Number:	Contact Name/Telephone Number:
Contact Name:	Bank Transit Routing Number: (9 digit numeric)
Contact Telephone Number:	Account Number and Account Type: (must be Checking or Savings) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Contact Email Address:	Name on the Account:
Taxpayer Identification Number (SS# or EIN)	Vendor #:

**Statement of Authorization:**

I (we) hereby authorize Pacific Gas and Electric Company (PG&E) to initiate credit entries. This authority is to remain in effect until PG&E has received written notification of termination at such time and in such manner as to afford PG&E a reasonable opportunity to act on it. PG&E must be notified in writing, by submitting a new EFT enrollment form, of any bank account changes/closures a minimum of 30 days in advance.

Our electronic payment to your bank can include transmission of remittance data using the ACH CTX format. Please specify if desired format below:

**Required: Include a voided company check or bank routing number and bank account number on company letterhead signed by an authorized employee.**

- ACH CTX
- EMAIL \_\_\_\_\_

Name and Title of Authorized Official		
Name (Please Print)	Title	Telephone Number
Signature		Date

**Please email the completed form to: [APVendor@pge.com](mailto:APVendor@pge.com)**