

**GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS**

P.O. Box 884
Hagatna, Guam 96932

**VENDOR ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION FORM**

Account Name: _____ Bank Mailing Address: _____
Name of Bank: _____
Routing Number: _____
Account Number: _____
Phone Number: _____

Type of Account: Checking Savings

The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Department of Administration. The undersigned also has read and understood 4 G.C.A. Section 8169 which states:

Any person who knowingly makes any false statement or falsifies or permits to be falsified, any record or records of this system, in any attempt to defraud the system, is guilty of a misdemeanor and shall be punishable therefore under the laws of the government of Guam, and the system shall have the right to recover any payments made under false representations.

Print Account Holder or
Authorized Representative

Signature of Account Holder or
Authorized Representative

Date

For information, please contact Department of Administration, Division of Accounts,
Accounts Payable Section - **(671) 475-1151/475-1228/475-1114**

Forms can be faxed to **(671) 472-8483**

Forms are also available at www.govguamdocs.com