



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

P.O. Box 884
Hagatna, GU 96932



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

Account Name: _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Bank Phone No.: _____

Type of Account: Checking Savings

Check Here if **TRAVELER**, complete the following, and
SUBMIT TO DOA 48 HRS BEFORE DEPARTURE *:
*** Once per Traveler**

Name _____

Current _____
Mailing _____
Address _____

Contact No. _____

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 state

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.

Account Holder or Institution's Authorized Representative:

Sign

Print Name

Date

For information, please contact
Department of Administration, Division of Accounts, Accounts Payable Section at
Phone Number: **(671) 475-1228** * Forms can be faxed to **(671) 472-8483**
Forms are also available at <http://da.doa.guam.gov/resource/>

DIVISION OF ACCOUNTS - ACCOUNTS PAYABLE USE ONLY	
Vendor Number: _____	Reviewed By: _____
	Review Date: _____