



**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: \_\_\_\_\_

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 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 Authorized Representative:

\_\_\_\_\_

*Sign*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Date*

Vendor Number: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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 [www.da.doa.guam.gov](http://www.da.doa.guam.gov)