METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT)

Automated Clearing House (ACH) Payments

COMPANY INFORMATION

		For Accounting Use Only
Company Name:		
Street Address:		
City, State, Zip:		
Point of Contact:		
Telephone Number:		
Federal Tax ID Number:		

1099 Contractor: ☐ Yes ☐ No

Remittance Advice Notification: _____

Email address to which notification of payment will be sent. "N/A" if you have no email capability.

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

Bank Address: City _____

State/Zip _____

(City, state and zip of local bank branch are required fields.)

Bank ABA No.: _____

Bank Account Number: _____

Name/Names on Account: _____

AUTHORIZED SIGNATURE

_____ / _____

Printed Name Signature

_____ /

Date

Return completed form via one of the following forms of transmission:

Facsimile to: Vendor Set-up (703) 417-8984

U.S. Mail to: Metropolitan Washington Airports Authority
Accounts Payable
1 Aviation Circle
Washington, DC 20001

Email to: Vendor.Setup@MWAA.com (Electronic signature required)