



Bastrop County Treasurer

Request for Vendor EFT Information

EFT Action Requested				
Date: _____	(please circle action requested)	Start	Change	Cancel

Vendor Information
Vendor Name:
Vendor Address:
City, State ZIP:
Tax ID #:

Vendor Contact Information
Primary EFT Contact Name:
E-mail Address:
Phone Number:
Fax Number:

Financial Institution Information
Financial Institution Name:
Routing Transit Number:
Account Title:
Account Number:
Account Type: (Circle One) Checking Savings

Signature Authorization
Signature Authorizing EFT Payment: _____

Mail or Email this completed form to: Bastrop County Treasurer
P.O. Box 676
Bastrop, TX 78602
treasurer.invoices@co.bastrop.tx.us