



**GUAM SOLID WASTE AUTHORITY**  
**542 NORTH MARINE CORPS DRIVE TAMUNING, GUAM 96913**  
**TEL: (671) 646-3111 | FAX: (671) 649-3777**  
**WWW.GUAMSOLIDWASTEAUTHORITY.COM**

## VENDOR ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Account Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Phone No.: \_\_\_\_\_

Type of Account:  Checking  Savings

\*Attach: **For Checking:** Voided Check or Personalized Deposit Slip.

**For Savings:** Copy of Current Bank Statement

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Check here if Traveler, then complete the following, and<br><b>SUBMIT TO GSWA 48 HRS BEFORE DEPARTURE*:</b><br><b>*Once per Traveler</b> |
| Name                     | _____  |
| Current Mailing Address  | _____  |
| Contact No.              | _____  |
| Email Address:           | _____  |

The undersigned confirms its account number and title named above and hereby acknowledged that the undersigned has no enforceable right in, or to Guam Solid Waste Authority. The undersigned also has read and understood 4 GCA §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:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Contact No.*

\_\_\_\_\_  
*Physical/Mailing Address*

\_\_\_\_\_  
*Contract Number/Purchase Order Number*

For information, please contact: **Guam Solid Waste Authority Accounting** at (671) 646-3147. Forms can also be faxed to (671) 649-3777.

\_\_\_\_\_  
Reviewed by: (GSWA Representative)

\_\_\_\_\_  
*Date*

**DOA - ACCOUNTS PAYABLE USE ONLY**

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

Reviewed By: \_\_\_\_\_

Review Date: \_\_\_\_\_