



## Alliance Referral Program

### ELECTRONIC FUNDS TRANSFER (EFT) REQUEST FORM

#### **Vendor Information:**

Vendor Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Remittance City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Remittance E-Mail Address: \_\_\_\_\_

#### **Banking Information:**

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

Bank Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

IBAN/Account #: \_\_\_\_\_ ABA Routing # or  
SWIFT Code: \_\_\_\_\_

Account Type  
(please check only one)

Checking ☐

Savings ☐

#### **Vendor's Authorization:**

Please sign below to confirm that you are authorizing Zayo Group to begin transferring payments for your invoices to the account mentioned above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

( ) \_\_\_\_\_

Phone Number

\_\_\_\_\_  
Date

**\*Additional Verification:** Previous Bank Account # (if applicable): \_\_\_\_\_

Please submit this form completed and a copy of a voided check or a letter from your bank providing confirmation of your account information to: [payments@zayo.com](mailto:payments@zayo.com) & [strategic.alliance@zayo.com](mailto:strategic.alliance@zayo.com).

**The remittance information will be sent electronically to the email address listed above. Zayo Group does not mail nor fax this information.**