

**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: <input type="checkbox"/> Yes <input type="checkbox"/> 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@MWWA.com](mailto:Vendor.Setup@MWWA.com) (Electronic signature required)