METROPOLITAN WASHINGTON AIRPORTS AUTHORITY

REQUEST FOR ELECTRONIC FUNDS TRANSFER (EFT)

Automated Clearing House (ACH) Payments

COMPANY INFORMATION (please print)

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

1099 Contractor: ☐ Yes ☐ No

REMITTANCE ADVICE NOTIFICATION:

E-Mail address:_____

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 on Account: _____

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

_____ / _____

Printed Name Title

_____ / _____

Signature Date

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

Facsimile to: (703) 417-8984, Attention Accounts Payable

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

Email to: Accounts.Payable@MWAA.com (Electronic signature required)