



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Commonwealth of Pennsylvania
Department of Public Welfare

**LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
ELECTRONIC FUNDS TRANSFER
APPLICATION FORM**

Complete all fields on this application and attach a voided check. **This application cannot be processed if submitted without a voided check.**

Vendor Name _____ Legal Entity _____

Vendor's Financial Coordinator _____ FEIN Number _____

Telephone Number _____ LIHEAP Vendor Number(s) _____
(13 digits)

The Name of the Bank Receiving the Deposit _____

ABA Transit Routing Number _____

Vendor's Bank Account Number _____

Type of Authorization: _____ Start _____ Cancellation _____ Change

Type of Account: _____ Checking _____ Savings

I hereby authorize the Commonwealth of Pennsylvania to post payments into the financial account referenced above. I understand that I am responsible for the validity of the information on this form. If the EFT transmission fails, I would like payment by check to be mailed to the address below:

Company Name _____

Street _____

City and State _____

Zip Code _____

County _____

Vendor's Signature or
Signature of Authorized Officer of Vendor

Date

MAIL APPLICATIONS TO: LIHEAP
P.O. Box 2675
Harrisburg, PA 17105
Attention: Vendor Unit