DTE Electronic Funds Transfer Authorization Form Instructions

The DTE Electronic Funds Transfer Authorization form is used to initiate electronic funds transfers for the specified vendor. Please complete all fields; put N/A if not applicable. This instruction form can be used as a checklist.
☐ A separate supporting document such as a vendor invoice with banking information, a signed vendor letterhead with banking information, or a voided check with bank information, must be provided as a validation of the banking information as listed on this DTE EFT form.
\Box The banking information listed on the supporting document must exactly match the information in Section II (and Section III if populated) of the Electronic Funds Transfer Authorization including any leading zeros.
☐ In Section I, populate all fields.
\Box The Name on the DTE Electronic Funds Transfer Authorization form needs to link to the vendors name in our system or as listed on an attached W9.
$\hfill \square$ In Section II, completely fill out the information as requested. The DTE preferred electronic funds transfer method is ACH.
\Box Select Checking if the account listed for deposit is a checking Account or select Savings if the account listed for deposit is a Savings account
$\hfill\Box$ If Type of Transfer ACH or Either is selected, the ACH declaration box MUST also be checked.
☐ Populate Section III if an Intermediary Bank will be used for the funds transmittal. Typically used only with foreign vendors
$\hfill\Box$ Provide Intermediary Bank, ABA and account number as well as Destination Bank ABA and account number
\Box The banking information listed on the supporting document must exactly match the information in Section III (and Section II if populated) of the Electronic Funds Transfer Authorization including any leading zeros.
$\hfill\square$ In Section IV, populate all fields including the signature and date.
Forms that are not signed and/or dated will be considered invalid

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Electronic Funds Transfer Authorization Form

Need an extra document along with this form.

This form is used to initiate Electronic Funds Transfers for the specified vendor. Please complete all fields; put N/A if not applicable.

A separate document such as a vendor invoice with banking information, a signed vendor letterhead with banking information, or a voided check with bank information must be provided as a validation of the banking information as listed on this DTE EFT form.

Note: For Standard EFT, fill out sections I, II and IV. If an intermediary bank is needed for wires, fill out section I, III and IV DTE Energy Vendor Code______ DTE Energy Contact:_____ **Section I: Company Information:** Name:_____ Street Address: ______ State:______ Zip Code:______ City:____ Contact Name: _____ Contact Number: _____ Email Address for Remittance advice: Section II: Bank Information: Type of Transfer: ACH ACH Only (DTE Preferred) ☐ Either (Both ACH & Wire accepted) ☐ (Only select one checkbox) DTE Energy is unable to process international ACH transactions. By checking the statement below you are stating that your ACH instructions are US only. ☐I declare that my ACH transaction is not forwarded across the U.S border to a foreign bank or financial institution through the ACH network on the same day it is deposited. This box must be checked in order to process the ACH. This box must be checking if ACH or Either is selected. Bank Name: _____ Country: _____ Bank ABA #: Checking Account □ Savings Account □ Additional Information: Type of Transfer: Wire WIRE Only Bank Name: _____ Country: _____ Bank ABA #:______ Bank Account #:_____ Swift Code:______ Bank Code:______ Transit #:_____ Additional Information:_____

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Section III: Funds Transmittal Using Intermediary Bank:

Intermediary Bank Information	on: (US Bank Only)			
Bank Name:		Country:		
Bank ABA #:		Bank Account #:		
Additional Information:				
Destination or Final Bank Info	ormation: (Foreign B	ank Only)		
Bank Name:				
Branch Address:				
City:	State:	Country:	Zip Code:	
Bank Identification #:		Swift Code (Mandatory):		
ABA #:		Account #:		
IBAN (Optional):				
Additional Information:				
Section IV: Approval:				
Print Name and Title of Com	pany Officer:			
Signature of Company Office	<mark>er</mark> :		Date:	
make deposits into the accour	nt at the bank identifie house Association (NAC	ed above. Both parties agree to be CHA) for ACH transactions. This a	r its subsidiaries are authorized to be bound by the Operating Rules of the authorization is to remain in effect until	

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