

# Electronic Transfer of Funds Request Form

State of Vermont



Child Development Division (CDD)  
Department for Children and Families (DCF)  
Vermont Agency of Human Services (AHS)

Please return form to:

**Elaine Emerson**  
**103 South Main St. – A Building**  
**Waterbury, VT 05671-5500**

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**Vendor/Provider Name** (Print) \_\_\_\_\_

**Vendor/Vision Number** (if available) \_\_\_\_\_

**Vendor/Provider Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Fed Tax ID** \_\_\_\_\_

*Please fill out banking information below:*

**Bank Name** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

\_\_\_\_\_

**Bank Account #** \_\_\_\_\_ **Bank ABA #** \_\_\_\_\_

**Type of Account:**     **Checking**     **Savings**