DTE Electronic Funds Transfer Authorization Form Instructions

transfers for the specified vendor. Please complete all fields; put N/A if not applicable. Thi instruction form can be used as a checklist.
\Box 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.
\square 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.
\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
\Box If Type of Transfer ACH or Either is selected, the ACH declaration box MUST also be checked.
\square 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.
\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.

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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 only.

DTE Energy Vendor Code	Offity.					
Street Address: City:	TE Energy Vendor Code DTE Energy Contact:					
Street Address: City: State: Contact Name: Email Address for Remittance advice: Section II: Bank Information: Type of Transfer: ACH ACH Only (DTE Preferred) Either (Both ACH & Wire accepted) Other 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: Bank Account #: Country: Checking Account Savings Account Additional Information: Type of Transfer: Wire WIRE Only Bank Name: Country:	Section I: Company Informa	ation:				
City:	Name:					
City:	Street Address:					
Contact Number: Email Address for Remittance advice: Section II: Bank Information: Type of Transfer: ACH ACH Only (DTE Preferred)						
Section II: Bank Information: Type of Transfer: ACH ACH Only (DTE Preferred)						
Type of Transfer: ACH ACH Only (DTE Preferred)	Email Address for Remittan	ce advice:				
ACH Only (DTE Preferred)	Section II: Bank Information	n:				
ACH Only (DTE Preferred)	Type of Transfer: ACH					
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: Bank ABA #: Bank Account #: Country: Checking Account Savings Account Additional Information: Type of Transfer: Wire WIRE Only Bank Name: Country: Country: Country: Country: Country: Country: Country: Country: Country:						
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Bank Name: Country: Checking Account Savings Account Additional Information: Type of Transfer: Wire WIRE Only Bank Name: Country: Country:	the ACH network on the sam	e day it is deposited. This box mus	t be checked in order to	o process the ACH.		
Bank ABA #: Bank Account #: Checking Account \Box Savings Account Additional Information: Type of Transfer: Wire WIRE Only \Box Bank Name: Country:	This box must be checking if ACF	or Either is selected.				
Bank ABA #: Bank Account #: Checking Account \Box Savings Account Additional Information: Type of Transfer: Wire WIRE Only \Box Bank Name: Country:						
Bank ABA #: Bank Account #: Checking Account \Box Savings Account Additional Information: Type of Transfer: Wire WIRE Only \Box Bank Name: Country:	Dowle Name o		Carratur			
Additional Information:	Bank Name:		Country:			
Additional Information:	Bank ABA #:	Bank Account #:	C	hecking Account \square Savings Account \square		
Type of Transfer: Wire WIRE Only Bank Name: Country:						
Type of Transfer: Wire WIRE Only Bank Name: Country:	Additional Information:					
WIRE Only Bank Name: Country:						
Bank Name: Country:						
	WIRE Only □					
Bank ABA #: Bank Account #:	Bank Name:		Country:			
	Bank ABA #:	Bank Account	: #:			
Swift Code: Bank Code: Transit #:	Swift Code:	Bank Code:	Tra	ansit #:		
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>:r</mark> :		Date:			
make deposits into the accour	nt at the bank identifienouse Association (NAC	d above. Both parties agree to b CHA) for ACH transactions. This	or its subsidiaries are authorized to be bound by the Operating Rules of the authorization is to remain in effect until			

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