

STATE OF ALABAMA  
NET PAY ELECTRONIC FUNDS TRANSFER FORM  
SCREEN ID = EFT

EMPLOYEE ID: \_ \_ \_ - \_ \_ - \_ \_ \_ \_ \_

APPOINTMENT ID: \_\_\_\_\_

NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

EFFECTIVE DATE: \_ \_ / \_ \_ / \_ \_ \_ \_

EXPIRATION DATE: \_ \_ / \_ \_ / \_ \_ \_ \_

PRENOTE ISSUE DATE : \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

ACCOUNT TYPE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

DATE PREPARED: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ APPROVED BY: \_\_\_\_\_ DATE: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

ENTERED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

DATE ENTERED: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ APPROVED BY: \_\_\_\_\_ DATE: \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_