



**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