



Medtronic

EFT Enrollment Form

Payee/Company/Individual Information

This form **MUST** be signed below by preparer to be valid

Payee (Company Name or Individual Name):	
Address:	
City, State, and Zip:	
Additional Remit addresses that should be paid using the banking details below:	
1) Address, City, State, and Zip:	2) Address, City, State, and Zip:
Contact Name:	Telephone and Fax No.:
<input type="checkbox"/> Yes, I would like to receive payment remittance advice via e-mail	E-mail for remittance advice. (*One email allowed. See information about distribution or group emails below):
Tax ID No.:	D & B no.:

Financial Institution Information ***For Payments in the US*

Nine-Digit Routing Transit Number:										
Account Number:										
Account Name:										
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name:									

Financial Institution Information ****For Payments outside the US (need destination bank information)*

SWIFT Code (required):	Bank/Branch code:									
Account Number:	IBAN or CLABE:									
Account Name:										
Type of Account: (example: checking, savings, etc)										
Bank Name:						Bank Country:				
Bank Street Address:						Bank City/Zip:				

I authorize the above data be used for payments from Medtronic (Signature **REQUIRED**)

Date: (month/day/year)	Authorized Signature:	Title:
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* Distribution lists or group email accounts are recommended for remittance advices for companies. This allows multiple individuals to be notified upon payment and allows for email account changes.

** For vendors/payees located in the US, payment is made via ACH in CTX format. Please contact your bank to ensure that they accept ACH payments in the CTX format (CTX: Remittance advice and payment are sent electronically to your company's bank. You then coordinate with your banking institution on how to receive notification and remittance advice from them).

*** For vendors/payees located outside the US, payment is made via Wire.

Return this completed form to your Medtronic contact.