

## **Electronic Funds Transfer (EFT) Form**

Please complete the information in required fields based on the instructions on next page and submit the completed and signed form <a href="mailto:LandlordEFTInquiries@starbucks.com">LandlordEFTInquiries@starbucks.com</a>. We may request additional information prior to proceeding with the request. Please allow 2-3 weeks for processing your request.

- Indicates Required Field \*
- Form must be completed, signed and dated or it will be returned as incomplete.

For any questions, please email <u>LandlordEFTInquiries@starbucks.com</u>

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	C	OMPAN	NY INFORMA	TION			
Legal Company Name*							
			T				
Tax ID*			Starbucks Store Number (Landlord only) *				
D 11			DI VI I				
Preparer Name*	Name* Email*					Phone Number*	
OLD BAN	NK INF	ORMA	TION *Requi	ired for	· undates	only	
OLD BANK INFORMATION *Required for updates only							
Bank Name			Name on Bank Account				
ABA Routing Number (US)	SWIFT/BIC C		Code (Outside US) Bar		Bank & B	nk & Branch Number (Canada)	
-							
Bank Account Number			IBAN Number				
NEW BANK INFORMATIO	N *For	eign su	ppliers- please	see add	litional in	formation on next page	
Bank Name*			Name on Bank Account*				
Provide Financial Institution Routin							
ABA Routing Number (US)	outing Number (US) SWIFT/BIC C			Code (Outside US) Bank & Branch Number (Canada)			
Bank Account Number*			IBAN Number				
Remit Email Address*			Remit Format (choose one) *				
INTERMEDIARY BANK INFORMATION (if applicable)							
Bank Name			ABA Routing Number or SWIFT/BIC Code				
AUTHORIZED SIGNER INFOR							
CFO, Treasurer, Controller, VP Finance							
company outlined on the form. By opayments to the bank account list			signing this 10	rm you	autnoriz	e Starbucks to make	
Signer's Name (please print) * Title*		Email			il*		
Signer's Signature*			Today's date*				



## Instructions for completing the Electronic Funds Transfer (EFT) Form

COMPANY INFORMATION					
Legal Company Name	Complete legal name of Institution: Corporate Entity includes Business Name/Doing Business				
	As (DBA) and Care/Of, or name of Sole Proprietor				
Tax ID	Provide Federal Tax Identification Number (TIN) or Federal Employer Identification Number				
	(FEIN), Social Security Number (SSN) or VAT number				
Starbucks Store Number	Provide Starbucks Store number and 2 letter state abbreviations to differentiate stores (e.g.				
	Store #0000-WA).				
Preparer Name	Name of person who completed the EFT form. The preparer cannot be the same as the				
•	authorized signer (except sole proprietor)				
Email	Email address of the preparer				
Phone Number	Phone number of the preparer				
OLD BANK INFORMATION					
Bank Name	Name of financial institution that is requested to be changed				
Name on Bank Account	Company or Account holders name that is requested to be changed				
ABA Routing Number (US)	Provide an ACH routing number that is requested to be changed				
SWIFT or BIC Code (Outside US)	SWIFT or BIC Code that is requested to be changed				
Bank and Branch Number (Canada)	Provide Bank Number and Branch Number that is requested to be changed				
Bank Account Number	Must provide the existing account from which you are changing for EFT payment				
IBAN Number	Must provide the existing IBAN number form which you are changing for EFT payment				
	NEW BANK INFORMATION				
Bank Name	Name of financial institution (e.g. Bank of America, Nova Scotia Bank)				
Name on Bank Account	Company or Account holders name				
ABA Routing Number (US)	Provide an ACH routing number that is 9 digits if your bank is in US				
SWIFT or BIC Code (Outside US)	8 or 11 characters if bank is located outside US				
Bank and Branch Number (Canada)	Provide Bank Number (3 digits) and Branch Number (5 digits) for Canadian banks				
Bank Account Number	Account number at the financial institution to which EFT payments are to be deposited				
IBAN Number	18 to 34 alphanumeric characters for European bank locations				
Remit Email Address	Recipient's email address for notification of deposit. One email address is allowed, and a				
	shared/generic box is preferred				
Remit Format	Your payment remittance advice which is available in pdf or excel. Please choose one				
INTERMEDIARY BANK INFORMATION					
Bank Name	Name of intermediary financial institution				
ABA Routing Number or SWIFT Code	Is 9 digits for ABA or is 8 or 11 characters for SWIFT code				
AUTHORIZED SIGNER INFORMATION					
Signer's Name	An individual who is an authorized banking signatory (typically a CFO, Treasurer, Controller,				
	VP Finance, Director, Manager, Owner, Legal Agent, etc.)				
Title	Job title of authorized signer				
Email	Provide email address of the signer				
Signer's Signature	Handwritten signature is required				
ADDITIONAL INFORMATION THAT MAY BE REQUIRED					
Voided Check	Confirmation of account numbers and current remit address				
Bank Statement	A bank statement shows the bank name, account name, and account number only.				
Bank Letter	A letter on bank letterhead that formally certifies the account owner's routing and account				
	numbers				