



VENDOR AUTHORIZATION AGREEMENT FOR ACH PAYMENT

Directions

- Type or print the information requested in Sections 1 and 2. Then sign, date, and return the form via email.
- **Any account changes must be reported to Houston County within 14 days prior to actual change. A payee must keep Houston County informed of any address changes in order to receive important information and to remain qualified for payments.**

Section 1 - Entity to Receive Direct Deposit

Type of Transaction:		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete									
_____ Name of Company OR Individual		_____ County		_____ Telephone									
_____ Street Address		_____ City		_____ State									
_____ Contact Person Email		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
9-digit Federal Tax ID													

Section 2 - Financial Institution Authorized to Conduct Transaction

_____ Financial Institution		_____ County		_____ Telephone															
_____ Street Address		_____ City		_____ State															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">Type of Account</td> </tr> <tr> <td><input type="checkbox"/> Checking</td> <td><input type="checkbox"/> Savings</td> </tr> </table>			Type of Account		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
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Account Number at Above Institution																			

Whereby we authorize Houston County to initiate credit entries to our account at the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error.

***This authority is to remain in effect until revoked by the vendor in writing to Houston County.**

_____ Signature	_____ Title
_____ Type or Print Name	_____ Date
For County use only: Date Received _____ Date Entered _____ Initials _____	

All forms must be submitted via email at accounting@houstoncountyga.org and will be verified via telephone.