



Fairfield County Auditor Finance Office
Vendor ACH Authorization Request and Change Form

Transaction Type (select one):

Use the drop down box to select transaction type

Bank Information:

Direct Deposit	Account Type:	
Requested start date:	Bank Phone Number	
Name of Bank:		
Routing Number (ABA):		
Account Number:		

BANK VERIFICATION: Provide a bank letter which includes your name, bank routing number and account number or attach a voided check for the account(s) above.

Alternatively, a bank representative may sign below, verifying the account details provided are accurate.

Bank Employee Signature	Title	Date

AUTHORIZATION: I authorize the Fairfield County Auditor to initiate credit entries and, if necessary, debit and adjustment entries for any credit entry errors to my account indicated above. I also authorize the depository named above to credit and/or debit the same to said account. By authorizing this document, you are also attesting that you are an **owner** of the bank account(s) indicated. This authorization will remain in effect until the Fairfield County Auditor has received my written notification of its termination.

I acknowledge it is my responsibility to inform Fairfield County of any termination/change of email address listed below. I understand that having my direct deposit advice emailed replaces the printed device and that I am responsible for retaining the advices for future reference.

Vendor Name

Email Address

Last 4 digits of
SSN or EIN

Vendor Phone Number

I agree to the authorization statement listed above and attest I am an authorized agent for the named vendor. I acknowledge a Fairfield County representative will perform an independent verification prior to initiating this request in compliance with Auditor of State's guidelines and bulletins related to Cyber Security protocols.

Requestor Signature: _____ Date: _____

AUDITOR'S OFFICE USE ONLY

Vendor ID:		Initials:		Initials:	
Submission Received Date:		Live Date:			