

Fairfield County Direct Deposit (ACH Credits) Authorization

Transaction Type (check one)

- Transaction Type options: New Account-Complete Sections 1 and 2, Change Account-Complete Sections 1 and 2, Termination of Direct Deposit-Complete Section 3

Auditor Accounts Payable Use Only
Vendor Number:
Initials:
Pre-Note Date:
Live Date:

Section 1: Banking Information If utilizing checking account, please attach a voided check

Bank Name:
Branch:
Routing Number:
Account Number:
Type of Account:
Bank Phone Number:
Name(s) on Account:
Requested Start Date:

Bank Verification

The above information has been verified to be accurate for ACH credit activity.

Bank Employee Signature
Title
Date

Section 2: 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. This authorization will remain in effect until the Fairfield County Auditor has received my written notification of its termination.

Vendor Name (please print)
Last four digits of SSN or TIN Number
Vendor Signature
Date

For new and/or changed accounts, the first transaction will be a pre-note. Your financial institution will be sent a \$0 transaction to ensure the routing information is accurate. You may see a \$0 transaction on your banking statement. You will receive a physical check with the first transaction.

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

Email Address:

Section 3: Termination of Direct Deposit

I previously authorized the Fairfield County Auditor to initiate credit entries and, if necessary, debit and adjustment entries for any credit entry errors to my bank account. I now request the Fairfield County Auditor to terminate my previous authorization to initiate credit entries and debit entries to my bank account. As a result my Fairfield County Accounts Payable checks will no longer be directly deposited into my bank account. This cancellation will be effective after receipt of this form by the Fairfield County Auditor's Office.

Note: Depending on timing of receiving the termination request form in the Accounts Payable cycle, there may be another direct deposit sent to your bank before request takes effect. Please plan accordingly and provide as much advance notice as possible.

Vendor Name (please print)
Termination Effective Date
Vendor Signature
Date