

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 with your Vendor package.
- Any account changes must be reported to DCA within ten (10) days prior to actual change. A payee must keep DCA informed of any address changes in order to receive important information about benefits and to remain qualified for payments. Please refer to the application instructions, if applicable.

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	_____ Zip										
_____ Contact Person Email					<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
9-digit Federal Tax ID																			

Section 2 - Financial Institution Authorized to Conduct Transaction

_____ Financial Institution					_____ County			_____ Telephone																					
_____ Street Address					_____ City			_____ State	_____ Zip																				
<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															<div style="border: 1px solid black; padding: 5px;"> <p align="center">Type of Account</p> <input type="checkbox"/> Checking <input type="checkbox"/> Savings </div>														
9-digit Transit Routing/ABA Number																													
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Account Number at Above Institution																													

Whereby we authorize DCA to initiate credit entries to our account in the financial institution our account identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.

This authority is to remain in effect until revoked by us in writing to DCA.

_____ Signature					_____ Title				
_____ Type or Print Name					_____ Date				

For DCA use only	Date Received _____	Date Entered _____	Initials _____
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