Vendor Direct Deposit Authorization

For Fiscal Services use only		

TRANSACTION TYPE

SECTION 1

PLEASE SELECT ONE

- ☐ New setup (Sections 2, 3, 4, & 6)
- ☐ Cancellation (Sections 2, 3, 5, & 6)
- ☐ Change financial institution (Sections 2, 3, 4, & 6)
- ☐ Change account number (Sections 2, 3, 4, & 6)
- ☐ Change account type (Sections 2, 3, 4, & 6)

PAYEE IDENTIFICATION

SECTION 2

1. Social Security or Employer Identification Number (*EIN*)

2. Name	3. Phone Number ( ) -		
4. Mailing address	5. City	6. State	7. ZIP code -

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATIONS

SECTION 3

8. I authorize the County of Ottawa to deposit my payments from the County of Ottawa to my financial institution electronically. I understand that the County of Ottawa will reverse any payments made to my account in error.

I further understand that the County of Ottawa will comply at all times with the National Automated Clearing House Association's rules. For further information of these rules, please contact your financial institution.

The company/individual will give 30 days advanced written notice of any changes in the depository financial institution.

I understand the County of Ottawa will charge a fee for any/all returned items due to failure by the payee to notify the County of Ottawa of any updated information.

When properly executed, the authorization will be effective fifteen (15) days after approval by the County of Ottawa.

Please return completed form to Karla Webb, Fiscal Services, County of Ottawa, 12220 Fillmore Street, Room 331, West Olive, MI 49460 or email kwebb@miottawa.org.

FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4

9. Name	10. City	11. State
12. Routing transit number - -	13. Customer account number	
14. Representative name (*Please print*)	15. Title	16. Type of Account **(Select One)** ☐ Checking ☐ Savings
17. Representative signature (*Optional*)	18. Phone number ( ) -	19. Date

CANCELLATION BY AGENCY

SEC. 5

20. Reason	21. Date

AUTHORIZED SIGNATURE

SECTION 6

22. Authorized signature (*Applicant or authorized agent – Required*) **Sign Here** ▶	23. Phone number (*Required*) ( ) -	24. Date (*Required*)
25. Payee name		
26. Comments		
27. **Email Address for Notifications: (Required)**		