



Vendor Direct Deposit Authorization

For Fiscal Services use only

TRANSACTION TYPE

SECTION 1	PLEASE SELECT ONE		
	<input type="checkbox"/> New setup (Sections 2, 3, 4, & 6)	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, & 6)	
	<input type="checkbox"/> Cancellation (Sections 2, 3, 5, & 6)	<input type="checkbox"/> Change account number (Sections 2, 3, 4, & 6)	
		<input type="checkbox"/> Change account type (Sections 2, 3, 4, & 6)	

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Employer Identification Number (EIN) <input type="text"/>						
	2. Name				3. Phone Number () -		
	4. Mailing address			5. City		6. State	7. ZIP code -

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATIONS

SECTION 3	<p>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.</p> <p>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.</p> <p>The company/individual will give 30 days advanced written notice of any changes in the depository financial institution.</p> <p>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.</p> <p>When properly executed, the authorization will be effective fifteen (15) days after approval by the County of Ottawa.</p> <p>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.</p>
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FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	9. Name				10. City				11. State			
	12. Routing transit number <input type="text"/>				13. Customer account number <input type="text"/>							
	14. Representative name (Please print)				15. Title				16. Type of Account (Select One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	17. Representative signature (Optional)				18. Phone number () -				19. Date			

CANCELLATION BY AGENCY

SEC. 5	20. Reason	21. Date
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AUTHORIZED SIGNATURE

SECTION 6	22. Authorized signature (Applicant or authorized agent – Required)		23. Phone number (Required) () -		24. Date (Required)	
	25. Payee name					
	26. Comments					
	27. Email Address for Notifications: (Required)					