ACCOUNTS PAYABLE
DIRECT DEPOSIT AUTHORIZATION FORM

(1.) Please check appropriate block(s)

☐   Initiate Direct Deposit   ☐   Cancel Direct Deposit
☐   Change Direct Deposit Financial Institution   ☐   Not interested in participating
☐   Change Direct Deposit Account Number   in Direct Deposit at this time

(2.)   You may select ONE account.
           IF YOU ELECT DIRECT DEPOSIT, YOUR ENTIRE CHECK MUST BE DEPOSITED.

DEFAULT ACCOUNT

(3.) Financial Institution Name and Full Address	(4.) TRANSIT/ABA NUMBER (9 DIGITS) (See attachment)
	(5.) Account Type *(choose one only)* Checking Account#_____ Savings Account # _____

      I authorize the County of Washington to deposit any amounts owed to me by initiating credit entries and, if necessary, to make any adjustments to my account for the correction of any errors. I also authorize the financial institution named above to credit and/or debit my account.

      This authorization will remain in effect until I give a written notice to terminate this authorization to Washington County in sufficient time and manner as to allow Washington County reasonable opportunity to act upon such termination. In addition, either Washington County or the financial institution can terminate this agreement by providing written notice prior to actual termination.

      I have provided Washington County with a copy of a voided check and/or a savings deposit slip solely for the purpose of verifying my account number and the financial institution's routing number.

_____   _____
Vendor Name   *Date*

_____   _____
Signature   *Phone*

_____
Email Address (Required)

FOR CONTROLLER USE ONLY
Vendor Number _____

FOR CHECKING ACCOUNT - A CHECK MARKED "VOID" MUST BE ATTACHED TO THIS FORM
FOR SAVINGS ACCOUNTS - A SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM