



Vendor Direct Deposit Authorization Form County of Augusta

AUTHORIZATION AGREEMENT

I authorize County of Augusta and the financial institution listed below to electronically credit into my checking account all vendor payments or reimbursements payable to me by County of Augusta.

I understand I will receive an e-mail notice showing the amount and date of electronic payments credited to my account.

I understand that if I change my e-mail address or change or close my account at the financial institution listed below, I must immediately contact the County of Augusta Accounts Payable Office.

This authorization may be withdrawn at any time by notifying the County in writing 7 (seven) days prior to the next scheduled credit.

Name(s) on the Account _____

Trading/Vendor name _____

E-mail Address (required) _____

Mailing Address _____

Contact Person _____

Phone Number _____

Financial Institution _____

Checking/Saving Account _____

Deposit Account Number* _____

*(You must attach a voided check bearing this account number.)

Person authorizing direct deposit _____

(Please print)

By my signature below, I certify that I am an authorized signer on the account listed above, and have read and understand the terms of the authorization agreement.

Signature/Title _____ Date _____

Mail completed form to: County of Augusta Accounts Payable, P.O. Box 590, Verona, VA 24482. Call 540-245-5741 if you have any questions.

For Office Use Only

Vendor number _____

Date of pre-note _____

Date code changed _____