

VENDOR NUMBER: _____
(County Use Only)

Jessica E. Miranda
HAMILTON COUNTY AUDITOR



HAMILTON COUNTY AUDITOR'S OFFICE
138 E. Court St., Cincinnati, OH 45202
www.HamiltonCountyAuditor.org

AUTHORIZATION AGREEMENT FOR EFT/DIRECT DEPOSIT OF VENDOR PAYMENT

ATTENTION: Follow instructions provided on Page 2. Electronic authorizations will not be accepted.
Original form with handwritten (non-typed) signatures required for processing.
Incomplete forms will cause delays in processing direct deposit transactions.

Vendor Information: Vendor Name and Taxpayer ID Number should match the County's vendor record.

Vendor Name (Business or Individual): _____

Vendor Federal Taxpayer ID Number (FEIN or SSN): _____

Remit Address: _____

City: _____ State: _____ Zip: _____

Remit Email Address (for remittance notice): _____

Financial Institution Information for EFT:

Financial Institution/Bank Name: _____

City & State of Bank Branch (if applicable): _____

Account Type (Check one): _____ Checking _____ Savings

Routing (ABA) Number: _____

Account Number: _____

Vendor must include one of the following to verify that financial institution information is valid and correct:

- Copy of voided check, issued and processed within the last ninety (90) days
- Voided original check
- Certification of account information on financial institution letterhead with handwritten (non-typed) signature by an authorized bank official. Certification must include a contact phone number for the financial institution and be dated within 90 days of this request.
- Other financial institution documentation that includes bank routing and account number

Vendor Authorization:

I hereby authorize the County of Hamilton, Ohio (County), to initiate electronic credit entries and if necessary debit entries to reverse erroneous credits to the above named financial institution. I understand that this authority shall remain in full force and effect until the County has received written notification of this authority's termination in such time and manner as to afford a reasonable opportunity to act upon it.

Name: _____ Title: _____

Contact Phone Number: (____) ____ - _____

Contact Email Address (if different from above): _____

Handwritten (non-typed) Signature: _____ Date: _____

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Request confirmed by Vendor contact below. Payment via EFT/Direct Deposit authorized.

Name: _____ Signature: _____ Dept.: _____ Date: _____

Vendor Contact Name: _____ Phone Number: (____) ____ - _____

AUTHORIZATION AGREEMENT FOR EFT/DIRECT DEPOSIT OF VENDOR PAYMENT INSTRUCTIONS

The County of Hamilton, Ohio, offers approved vendors an option to receive payment through Electronic Funds Transfer (EFT)/Direct Deposit upon verification of banking information. Provide the information requested on the form, along with documentation required for verification of banking instructions.

1. VENDOR INFORMATION

PRINT CLEARLY the name (business or individual), federal taxpayer ID number (FEIN or Social Security Number), remit mailing address and email address (for remittance notice) for the vendor. Vendor name and taxpayer ID number should match those on the County's vendor record. Notification of direct deposit is sent to the remittance email (our preferred and quickest method) or by US mail. Please complete vendor contact information to assist our department should follow-up be necessary.

2. FINANCIAL INSTITUTION INFORMATION

- Complete financial institution's name. Include the location (city and state) of the bank branch if applicable.
- Direct deposit will be available for only one (1) account. Check the appropriate option as either "checking" or "savings."
- The "Routing (ABA) Number" is the nine (9) digit number found on the bottom left of a check next to the account number. For savings accounts, check a bank statement, online account or with your financial institution to obtain this number.
- The "Account Number" is up to a seventeen (17) digit number also found on the bottom of the check. For savings accounts, check a bank statement, online account or with your financial institution for this number.
- Include verification documentation, i.e., voided check, bank letter, etc.

Payment via direct deposit will be denied if documentation is not included.

3. VENDOR AUTHORIZATION

PRINT CLEARLY the name and title (if applicable) of person authorizing the agreement for the vendor. Sign and date to authorize payment via EFT/direct deposit. **A handwritten, non-typed signature is required. Forms submitted with typed or electronic signature will not be processed.**

4. GENERAL INFORMATION

ORIGINAL form and documentation **MUST** be mailed or hand delivered to the Hamilton County agency with which business will be conducted. Processing delays will occur if forms are sent to the Hamilton County Auditor's office without Hamilton County agency verification.

Authorization agreement for payment via direct deposit received via email will **NOT** be processed.

Approval of direct deposit requires 5-7 business days after receipt of form with proper documentation and authorization.