



DIRECT DEPOSIT AUTHORIZATION FORM

A. REQUIRED INFORMATION TO BE COMPLETED BY THE ENROLLEE

MUNIS VENDOR NUMBER:

ACTION:

- NEW ENROLLMENT: PLEASE INCLUDE A SIGNED W-9
- CHANGE OF INFORMATION TERMINATE/CANCEL
- AUTHORIZATION

1. PAYEE NAME:

2. MAILING STREET ADDRESS:

3. MAILING CITY, STATE AND ZIP CODE:

4. TAXPAYER IDENTIFICATION NUMBER (TIN):

TAXPAYER IDENTIFICATION NUMBER (TIN)

- SOCIAL SECURITY NUMBER EMPLOYER
- IDENTIFICATION NUMBER

5. DIRECT DEPOSIT NOTIFICATION EMAIL ADDRESS:

6. PHONE NUMBER:

7. CONTACT:

I HEREBY AUTHORIZE, AS AN AUTHORIZED SIGNER OF THE ABOVE-REFERENCE PAYEE, THE COUNTY OF MONROE, FINANCE DEPARTMENT TO DIRECT DEPOSIT ALL ENTITLED PAYMENTS AND TO INITIATE (IF NECESSARY) DEBIT ENTRIES OR ADJUSTMENT FOR ANY CREDITS ENTRIES MADE IN ERROR TO THE ABOVE-REFERENCED BANK ACCOUNT.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL THE COUNTY HAS ACTED ON A WRITTEN REQUEST FOR TERMINATION. SUCH TERMINATION **MUST** BE MADE IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE COUNTY A REASONABLE OPPORTUNITY TO ACT ON IT. ALL FUTURE PAYMENTS FROM THE COUNTY WILL BE MADE VIA DIRECT DEPOSIT UNTIL SUCH TERMINATION. I UNDERSTAND THAT IF MY ACCOUNT IS CLOSED WITHOUT PROVIDING THE COUNTY A WRITTEN NOTICE, MY PAYMENTS MAY BE DELAYED.

B. REQUIRED INFORMATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

1. NAME OF FINANCIAL INSTITUTION:

2. MAILING STREET ADDRESS:

3. MAILING CITY, STATE AND ZIP CODE:

4. ACCOUNT INFORMATION:

CHECKING

SAVINGS

ACCOUNT NUMBER:

ROUTING TRANSIT NUMBER:

C. REQUIRED ATTACHMENT

ORIGINAL VOIDED CHECK

OR

ORIGINAL BANK VERIFICATION LETTER