



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This authorization may be withdrawn at any time by notifying the County in writing 7 (seven) days prior to the next scheduled credit.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 Completed forms may also be faxed to 540-245-5742 or emailed to CA@co.augusta.va.us

Call 540-245-5741 if you have any questions.

NOTE: Before initiating ACH payments, a zero-dollar "pre-note" transaction will be sent to your account to verify the accuracy of the information provided. Your first payment during this process will be a standard paper check.

For Office Use Only

Vendor number

Date of pre-note:

Date code changed: