



County of San Mateo

Authorization Agreement for ACH PAYMENTS (Vendor Direct Deposit)

Entity/Vendor Name*

Tax Identification Number*

Entity/Vendor Address*

Entity/Vendor Primary Phone Number*

Entity/Vendor E-Mail Address for Payment Notification **

* **Required Fields**

** **Field must include a valid e-mail address as all payment notifications will be sent via e-mail ONLY**

I, as an authorized officer for the Entity (the Vendor), hereby authorize San Mateo County (the County), to initiate direct deposit (credit) transactions and, if necessary, debit transactions and adjustments for any credit transactions made in error to the same bank account indicated below.

Financial Institution Name

Transit / ABA Number

Financial Institution Address

Bank Account Number

City State ZIP

****** REQUIRED DOCUMENTS ******

1. Required Banking Information. (One of the following options must be provided)
 - A. A letter from Vendor's financial institution showing the Vendor's business name, bank routing number and bank account number; or
 - B. A Bank Statement (Transactions Redacted/Crossed Out) and a copy of a voided check.
2. A completed and signed **IRS FORM W-9**

This Authorization Agreement will remain in full force and effect until the County or the Vendor has acted on a written request for termination. Such termination must be made in a timely manner so as to afford the County a reasonable opportunity to act on it. The Vendor is responsible for notifying the County on any modifications made to the existing bank account that could impact the County from making ACH payment transactions directly deposited to the above bank account number.

Select the ACH Request Type:

- Initiate direct deposit authorization
- Change bank information
- Terminate/cancel direct deposit authorization

As an authorized officer for the Vendor, I understand that the County reserves the right to cancel the Authorization Agreement and terminate such direct deposits with or without cause, followed by a written notification to my business email and/or the Vendor's mailing address. I understand that the origination of an ACH transaction (debit or credit) to or from the Vendor's account must comply with the laws of the United States of America.

Signature of Authorized Officer for the Vendor

Print Name

Title

____/____/____
Date

Phone number of the Authorized Officer for the Vendor

Email address of the Authorized Officer for the Vendor

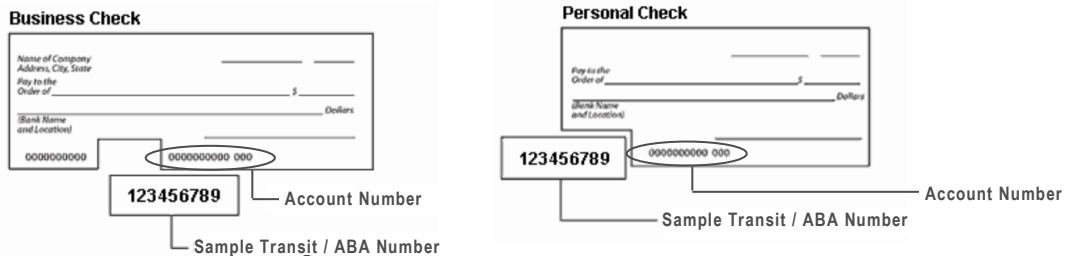
FOR COUNTY PURPOSES ONLY

PEID _____ Processed By _____ Date _____

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Important - Please print all information on form clearly

- Entity/Vendor Name** Enter complete Entity or Vendor Name. For sole proprietorship, this may be the name or DBA name as listed on the Federal Income Tax return, Schedule C, for the business.
- Tax Identification Number** Enter Tax Identification Number or Social Security Number, as applicable.
- Entity/Vendor Address** Enter complete Entity/Vendor Address.
- Entity/Vendor Primary Phone Number** Enter Entity/Vendor primary phone number.
- Entity/Vendor E-mail Address for Payment Notification** Enter Entity/Vendor e-mail address where ACH payment notification will be sent. The ACH payment notification contains all detailed information normally appearing on the stub of a paper check.
- Financial Institution Name** Enter the name of the financial institution associated with the Entity/Vendor's ACH payments.
- Transit/ABA Number** Enter the Transit or American Banking Association (ABA) Number (located on the Business or Personal check – see pictorials below).
- Bank Account Number** Enter the bank account number associated with the Vendor's direct deposit (located on the Business or Personal check – see pictorials below).



- Financial Institution Address, City, State, Zip** Enter complete address of Financial Institution.
- Signature of Authorized Officer for the Vendor** Endorse using a wet signature of the Authorized Officer for the Vendor: or a secure electronic signature is allowed if digitally encrypted/password protected (see pictorial below).



Print Name Print name of the Authorized Officer for the Vendor.

Title Enter Title of the Authorized Officer for the Vendor.

Phone Number and Email Address of Authorized Officer for The Vendor Enter phone number and email address of the Authorized Officer for the Vendor.