



Authorization Agreement For Direct Deposits (ACH Credits)

Guilford County is pleased to offer direct deposit of vendor payments.

WHY USE DIRECT DEPOSIT?

- 1) It is convenient. Your payment is deposited **automatically** on the day payment is due.
- 2) It eliminates waiting in bank lines to deposit your pay.
- 3) It eliminates possibility of lost, stolen, or forged checks.
- 4) You spend less time away from work. Provides automatic deposit of your check, even when you are on vacation, away on business, or at home sick.
- 5) It reduces the possibility of overdrafts. Deposit is posted to your account quickly.
- 6) It is free; there is no charge to you.
- 7) It provides faster access to funds. Funds are available without having to wait for the check to clear.
- 8) It is flexible. You may have your check deposited to a checking account or a savings account.
- 9) You may terminate the authorization at any time.

You will receive a deposit advice via email. If you would like to take advantage of direct deposit:

- 1) **Complete** the lines at the bottom of this form.
- 2) **Attach** (staple) a **voided check** at the heavy black line.
- 3) **Return** the form to:

Guilford County Finance Department
 Attn: Accounts Payable
 PO Box 3427
 Greensboro NC 27402-3427

To terminate the authorization, simply fill in your name, department, employee identification number, signature, and date on the lines below and write the word **STOP** in large letters on the account number line.

IMPORTANT: If you change bank accounts, simply complete the form, and write **CHANGE** in large letters underneath the signature line. Inform us immediately if you close your bank account. Failure to do so may result in a delay in receiving your payment. We recommend that you keep a copy of this form for your records.

Attach voided check behind form here.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Vendor # _____

I authorize Guilford County to automatically credit my account indicated below at the financial institution named below. I understand that this authorization will be in effect until I notify the **Guilford County Finance Department - Accounts Payable Division** in writing that this service is no longer desired, allowing it reasonable time to act on my notification. I also understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit to my account and that I will not disburse the funds to be deposited until the deposit is confirmed at the bank.

Company/Vendor Name	Authorized Representative (please print)
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Email Address (required for deposit advice)	Signature and Date
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Bank Name	Type of Account (Checking or Savings)	9 Digit Account Number	ABA/Routing Number
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