



Vendor Direct Deposit Authorization Form Amherst County

AUTHORIZATION AGREEMENT

I authorize Amherst County and the financial institution listed below to electronically credit into my checking account all vendor payments or reimbursements payable to me by Amherst County.

I understand I will receive an e-mail notice showing the amount and date of electronic payments credited to my account, if requested.

If funds to which I am not entitled are deposited to my account, I authorize the County to direct the financial institution to return the funds.

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 Amherst County Finance Department.

This authorization may be withdrawn at any time by notifying the County in writing 7 (seven) days prior to the next scheduled credit.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/Routing Number _____

Deposit Account Number* _____

*(Please 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 _____

Date _____

Mail completed form along with voided check to:

Amherst County Finance Department, P.O. Box 390, Amherst, VA 24521. Or fax to: 434-946-9370

Attn: Finance Department.

Please call 434.946.9304 if you have any questions. Thank you.

For Office Use Only

Vendor number _____

Date: _____