



**ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT**

PLEASE TYPE OR PRINT LEGIBLY

Vendor Name _____

DBA,%, ATTN _____

Remit Address _____

City, State Zip + 4 _____

Fiscal Contact _____

Phone Number _____

Email (REQUIRED)* _____

*EFT remittance notices are emailed once payment has been processed.

****An ORIGINAL voided check or SIGNED ORIGINAL bank document must accompany this completed agreement verifying the bank name, account holder name, routing number, and account number. Deficient or incomplete submissions will not be accepted.****

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. If the financial institution is unable to make the correction, the amount in question will be immediately remedied by means of a check made payable to the Franklin County Treasurer. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County in writing whenever there is any change in the account information, including any change in the routing or account numbers.

Printed Name: _____

Signature: _____ Date: _____

FOR ORINATION AGENCY USE ONLY	
VENDOR #:	NAME OF COUNTY EMPLOYEE SUBMITTING FORM
AGENCY NAME:	SIGNATURE
<p align="center">***BY SIGNING ABOVE YOU CONFIRM YOU HAVE VERIFIED THE FORM WAS SUBMITTED BY THE VENDOR OR A VENDOR AUTHORIZED INDIVIDUAL***</p>	