



Finance Department

Authorization Agreement for Automatic Deposits and Credits

Company Name: _____ vendor # _____

Address _____ Tax ID # _____

The Company hereby authorizes and requests Douglas County Finance ("the County") to make payment of any amounts owed to the Company by initiating electronic credit entries to the Company's account at the Bank indicated below.

Bank Information: **Checking** **Savings**

Bank Name _____

Branch Address _____

City, State & Zip Code _____

Bank Contact _____ **Bank Phone #** _____

Depository Account Information:

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Transit/ABA Number

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Bank Account Number

(Include all beginning and ending zeros between the special characters)

Either party may terminate this agreement at any time, effective upon fifteen business days' prior written notice to the other party. If the County pays the Company late as a result of the Company's termination of this agreement, then the County will not be liable for any late fees or other charges of any party with respect to such late payment.

If an erroneous entry is made to the Company's account, the County is authorized to debit the account, and/or make any adjustments necessary to the Company's account in order to correct the erroneous entry. If an erroneous entry cannot be corrected, due to lack of funds in the Company's account or otherwise, the Company will pay the County the amount of any overpayment promptly upon written notice thereof.

A copy of a voided check must accompany this form.

The signatory below is authorized to sign on behalf of the Company and agrees to the terms of this agreement.

Name (please print)	Title	Phone #
Signed X	Date	ACH notification email: