

ST LUCIE COUNTY BOCC  
PLEASE PRINT OR TYPE  
COMPLETE FORM AND RETURN TO FINANCE DEPARTMENT

**DIRECT DEPOSIT AUTHORIZATION FORM**

<b>VENDOR NAME</b>	<b>ADDRESS:</b>
<b>BANK NAME:</b>	<b>ROUTING NUMBER</b>
<b>COUNTY IN WHICH BANK LOCATED:</b>	<b>ACCOUNT NUMBER</b>
<b>VENDOR PHONE NUMBER</b>	<b>TYPE OF ACCOUNT</b> <b>CHECKING ____ SAVINGS ____</b>

I hereby authorize St Lucie County to initiate direct deposit credit entries.

This authority is to remain in full force and effect until St Lucie County has received written notification from me of its termination in such time and in such manner as to afford St Lucie County and the financial institution named above a reasonable opportunity to act on it.

**PLEASE ATTACH A COPY OF A VOIDED CHECK**

VENDOR SIGNATURE: _____	
DATE: _____	PRINTED NAME _____

PLEASE NOTE: THE DEPOSIT WILL BE POSTED IN TWO BUSINESS DAYS FROM ISSUANCE OF THE ADVICE

PLEASE PROVIDE YOUR E-MAIL ADDRESS TO RECEIVE A DIRECT DEPOSIT ADVICE

**E-MAIL ADDRESS:** \_\_\_\_\_

**RETURN FORM TO ST LUCIE COUNTY FINANCE DEPARTMENT EITHER BY MAIL, FAX OR E-MAIL**

St Lucie County BOCC  
Finance Department  
2300 Virginia Ave.  
Ft Pierce, FL 34987

FAX: 772-462-1614

E-MAIL: [bowmanr@stlucieco.gov](mailto:bowmanr@stlucieco.gov)

**VENDOR NUMBER - SLC USE ONLY**

