



703 N.E. 1st Street • Gainesville, FL 32601
 Phone: 352.372.2549 • Fax: 352.373.4097 • TTY: 1.800.955.8771 or 711
 www.acha-fl.com

Vendor ACH/Direct Deposit Authorization Form

Proof of account ownership (voided check, deposit slip, etc.) is required in addition to completed form.

1. Check One	
<input type="checkbox"/> New Direct Deposit	<input type="checkbox"/> Change Direct Deposit

2. Vendor/Payee Information	
Name:	
Contact's name:	
Address:	
Phone:	
Email:	

3. Financial Institution Information	
Bank Name:	
Name on Bank Account:	
Bank Account Number:	
Nine-Digit Bank Routing/Transit Number (ABA):	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

4. Authorization		
<p>I certify that the information provided on this form is correct, and I hereby authorize Alachua County Housing Authority Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify ACHA AP (kelsey@acha-fl.com or (352) 372-2549 ext. 516) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify ACHA AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until ACHA AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.</p>		
Printed name: _____	Signature: _____	Date: _____

