

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

☐ New Direct Deposit

☐ Change Direct Deposit

2. Vendor/Payee Information

Name:

Contact's name:

Address:

Phone:

Email:

EIN:

3. Financial Institution Information

Bank Name:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Account Type: ☐ Checking ☐ Savings

4. Authorization

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 (apclerk@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.

Printed name: _____ Signature: _____ Date: _____