AUTHORIZATION AGREEMENT FOR ACCOUNTS PAYABLE ACH DIRECT DEPOSIT

Complete the form and sign in the appropriate section. Be sure to **attach a voided check or a legible photocopy.**Any future changes will require a new form to be completed.

	Sample Check
	JEFFREY MAPLE SUZANNE MAPLE 123 Pear Lane Anyplace, VA 20000 PAY TO THE ORDER OF Routing number Anyplace, VA 20000 ANYPLACE BANK Anyplace, VA 20000 For Por Do not include the check number.
	1:(250250025)1:(202020~18b)+ · 1234
	The routing and account numbers may be in different places on your check.
Financial Institution	on Name (Depository):
Routing (ABA) #:	Account #:
	Type of Account (check one): Checking □ Savings □
Staple voided check or check copy here:	By providing your e-mail address below, you will be notified when payment is transmitted.
I hereby autho	rize Utah County Government to initiate deposits (ACH payments) to the above named financial institution and account.
Name (please print):	Are you a County employee? Yes □ No □ If yes, which department?
Authorized Signat	ure: Date :
E-mail Address (pl	ease print):
	Send completed form and voided check/copy of check to:

Utah County Auditor
Attn: Financial Accounting
100 East Center Street, Suite 3600
Provo, UT 84606-3159

For Office Use Only

Vendor ID

Date Entered ______