## 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.

Samp	le Check		
SUZ 123 Any	FREY MAPLE ANNE MAPLE Pear Lane place, VA 20000		
ANY Anyp For	ER OF PLACE BANK Iace, VA 20000 PLACE BANK IACE, VA 20		
	The routing and account numbers may be in different places on your check.		
Financial Institution Nar Routing (ABA) #:	Account #:		
Staple voided check or check copy here: By p	Type of Account (check one): Checking $\Box$ Savings $\Box$ providing your e-mail address below, you will be notified when payment is	s transmitted.	
I hereby authorize U	tah County Government to initiate deposits (ACH payments) to the above institution and account.	named financial	
Name (please print):	Are you a County employee? Yes $\Box$ No $\Box$ If yes, which department?		
Authorized Signature:	Date :	Date :	
E-mail Address (please prin	t):		
	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	