



Vendor Direct Deposit Authorization

TRANSACTION TYPE

SECTION 1	PLEASE SELECT ONE		<input type="checkbox"/> Change financial institution (Sections 2, 3, 4 & 6)
	<input type="checkbox"/> New Setup (Sections 2, 3, 4, & 6)	<input type="checkbox"/> Change account number (Sections 2, 3, 4 & 6)	
	<input type="checkbox"/> Cancellation (Sections 2, 3, 5, & 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4 & 6)	

PAYEE IDENTIFICATION

SECTION 2	1. Social Security or Employer Identification Number (EIN) <input type="text"/>			
	2. Name		3. Phone Number	
	4. Mailing Address	5. City	6. State	7. Zip Code

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATIONS

SECTION 3	<p>8. I authorize the County of Clinton to deposit my payments from the County of Clinton to my financial institution electronically. I understand that the County of Clinton will reverse any payments to my account in error.</p> <p>I further understand that the County of Clinton will comply at all times with the National Automated Clearing House Association's rules. For further information of these rules, please contact your financial institution.</p> <p>The company/individual will give 30 days advanced written notice of any changes in the depository financial institution.</p> <p>I understand the County of Clinton will charge a fee for any/all returned items due to failure by the payee to notify the County of Clinton of any updated information.</p> <p>When properly executed, the authorization will be effective fifteen (15 days) after approval by the County of Clinton.</p> <p>Please return completed form to: Clinton County Treasurer, Attn: ACH Enrollment, 100 E. State Street, Suite 2400, Saint Johns, MI 48879-1571.</p> <p>Email: treasurer@clinton-county.org; Fax: (989) 224-5258, Attention: Steven Wiswasser</p>
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FINANCIAL INSTITUTION

SECTION 4	9. Name		10. City	11. State
	12. Routing transit number <input type="text"/>		13. Customer account number <input type="text"/>	
	14. Bank representative name (Please print)		15. Title	16. Type of Account (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	17. Bank representative signature (Optional)		18. Phone Number (Required)	19. Date

CANCELLATION BY VENDOR

SEC. 5	20. Reason	21. Date
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AUTHORIZED SIGNATURE

SECTION 6	22. Authorized signature (Applicant or authorized agent-Required) Sign Here	23. Phone Number (Required)	24. Date (Required)
	25. Payee Name		
	26. Email Address for Notifications (Required)		