

County of Wayne

Warren C. Evans
Wayne County Executive



Eric R. Sabree
Wayne County Treasurer

ACH ENROLLMENT FORM

Vendor Information

Vendor Name: _____ Date: _____

Vendor Address: _____

Federal Tax ID: _____ Daytime Contact No: _____

Authorization Agreement

I hereby authorize **County of Wayne** to initiate automatic deposits to the my account at the financial institution named below. I also authorize **County of Wayne** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **County of Wayne** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **County of Wayne** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking

Please attached copy of a voided check or a bank letter with routing number and account number

Authorized Signature of Entity

Print Name: _____ Date: _____

Authorized Signature: _____

Email Address: _____

This Section to be Completed by the County

Date Received: _____ Date Entered: _____

Entered by: _____ Approved by: _____