

# Vendor Authorization Agreement for Direct Deposits

We hereby authorize Columbia County to initiate credit entries to our account, as listed below, in the financial institution named below and authorize the financial institution to credit the same to our account. This authority is to remain in effect until revoked by us in writing to Columbia County. Account changes must be reported to Columbia County thirty (30) days prior to the actual change.

## Section I – Vendor Information

Date: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(The email address is used for payment notification. An email notice of invoices being paid will be sent to the vendor when a payment is processed via ACH.)*

## Section II – Banking Information

***Attach a bank authorization or voided check to this form.***

**Direct deposit to be made to the following financial institution:**

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing & Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_ Checking \_\_\_ Savings

## Section III – Columbia County

**This section to be completed by Columbia County.**

Vendor Number: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Entered by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

**Please return documents to:**

Columbia County Accounting Department, Accounts Payable, Box 473, Portage, WI 53901,  
fax to 608.742.9846 or email [ap@co.columbia.wi.us](mailto:ap@co.columbia.wi.us).