

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,
or email ap@columbiacountywi.gov.