

**Allegany County, Maryland**  
**Authorization Agreement for Direct Deposits (ACH Credits)**

**Vendor Information (to be completed by vendor):**

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

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

City

State

Zip

Telephone Number \_\_\_\_\_

TIN Number \_\_\_\_\_

(Soc. Sec. No. or TIN No.)

**To be completed by your financial institution:**

Financial Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please check one: Savings ☐ Checking ☐

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Bank ACH Representative: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature)

Telephone No.: \_\_\_\_\_

I hereby authorize ALLEGANY COUNTY to initiate credit entries to our checking or savings account at the financial institution indicated above and to credit the same to such account.

This authorization is to remain in full force and effect until ALLEGANY COUNTY has received written notification from the vendor indicated above of its termination in such time and such manner as to afford ALLEGANY COUNTY and its financial institution a reasonable time to act on it.

Name \_\_\_\_\_

Signature \_\_\_\_\_

(Please print)

Title \_\_\_\_\_

Date \_\_\_\_\_

(If a business)

Please return form to:

Allegany County Finance Office  
701 Kelly Road, Suite 205  
Cumberland, Maryland 21502  
or FAX (301) 777-2072

**For official use only:**

Vendor Number \_\_\_\_\_

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

Finance Office (approval) \_\_\_\_\_

Date \_\_\_\_\_

Accounts Payable (entry) \_\_\_\_\_

Date \_\_\_\_\_