

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