



DOUGLAS COUNTY, MINNESOTA

Authorization for ACH Vendor Payments

Vendor:

Please Print Clearly

Attn:

(First)

Last

**Vendor's
Mailing
Address:**

(Street)

(City)

(State)

(zip code)

(Phone Number)

E-Mail Address - for remittance information

Name of Financial Institution

Address of Financial Institution (City)

(State)

(Zip)

Indicate Account Type (Check one)

Checking

sa Savings

Attach a voided check that has the bank's routing or transit number included.

Please note: if you chose to have a withdrawal from your savings account, you must obtain the appropriate routing/transit information from your financial institution. The routing/transit information on your savings deposit or withdrawal slip is not accurate for direct deposit purposes.

Routing/Transit Number (Must be 9 digits)

Account Number (Up to 17 digits)

**Mail Completed and Signed Form To: Douglas County Central Finance
Attention: Accounts Payable
821 Cedar Street
Alexandria, MN 56308-1793**

I hereby authorize Douglas County to credit our account for any payment to be received from Douglas County. This authority to remain in effect until Douglas County has received written notification to terminate this authorization or Douglas County requires termination and notifies me.

Signature:

Date: