## Authorization Agreement for ACH Credits

Lee County Board of County Commissioners Vendor Enrollment Form

Dear Valued Vendor:

Lee County is now offering Automated Deposits (ACH Credits) to expedite your payment(s). If you choose to participate in the Automated Deposit Program, you will need to complete the Authorization Agreement for ACH Credits Enrollment Form and submit the completed form, along with a cancelled check, to the Division of Procurement Management. If you wish to be notified of your ACH deposit details by email, please include a valid email address in the space provided below.

Depository Bank Name	
City:	State: Zip Code:
Routing Number:	Account Number:
	NAME OF DEPOSITOR STREET ADDRESS CITY, STATE  19  PAY TO THE ORDER OF: S  DOLLARS  NAME OF YOUR BANK Payable Through Another Bank
	For .: 021001082:: 123 456 789r 0101  ROUTING NUMBER ACCOUNT NUMBER
Company Name:	
Address:	
City:	State: Zip Code:
Federal Tax ID:	Contact Name:
Phone:	Fax:
Email Address*:	
* Note: F	Future email address change requests should be sent to APACH@leeclerk.org
correction entries to the part of the financial infor returned to the County's	the Lee County Board of County Commissioners to initiate credit entries and/or financial institution and account number listed above. It is further agreed that if any mation is incorrect on this form your payment will be delayed until the funds are bank account. If you do not agree with all the above terms and conditions, your ACH ccepted. Please return this form to:
Lee County BOO Attn: Procureme P.O. Box 398 Fort Myers, FL	ent Management
	e Financial Institution Information you have provided to us will require a new ompleted and mailed to the above address.
Authorized Signature:	Date:
Printed Name	