



SHASTA COUNTY

AUDITOR-CONTROLLER

ACH/DIRECT DEPOSIT AUTHORIZATION

Shasta County has been offering ACH/Direct Deposit to its vendors since 2002. This process allows the County to transmit vendor payments directly into a checking or savings account instead of printing and mailing a paper check. This service has become even more critical over the years with the increasing cost of postage and the closure of post offices. ACH/Direct Deposit is available to all county vendors, district employees, and county employees who receive payments from the County of Shasta.

For your convenience, we have enclosed an ACH/Direct Deposit Authorization enrollment form. To elect to have future payments deposited directly into your bank account, please complete the form below, sign it and return it along with a voided check. Please complete this form in its entirety as **incomplete forms will not be processed**.

For questions about this form, please contact Auditor-Controller Accounts Payable area at (530) 245-6904
Please note: Federal Reserve regulations require 2-3 banking days for transmission of funds to any account. Once Shasta County Auditor-Controller's office approves the claim for payment, payees will receive an e-mail notification that confirms when the funds will be deposited.

Mail this form and voided check to Shasta County Auditor-Controller 1450 Court St. Suite 238, Redding, CA 96001-1671

BANKING INFORMATION:											
<p>Print "VOID" across the front of a check and attach it to this form or attach a printout from your financial institution that contains the correct routing and account number.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; border-bottom: none;">Choose One</td> </tr> <tr> <td style="width: 50%; text-align: center; border: 1px solid black;"> <input type="checkbox"/> Checking </td> <td style="width: 50%; text-align: center; border: 1px solid black;"> <input type="checkbox"/> Savings </td> </tr> <tr> <td colspan="2" style="border: none;">Bank Name:</td> </tr> <tr> <td style="border: none;">Bank City:</td> <td style="border: none;">Bank State:</td> </tr> <tr> <td style="border: none;">Routing #: <i>9 digits</i></td> <td style="border: none;">Account #:</td> </tr> </table>	Choose One		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Bank Name:		Bank City:	Bank State:	Routing #: <i>9 digits</i>	Account #:
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<input type="checkbox"/> Checking	<input type="checkbox"/> Savings										
Bank Name:											
Bank City:	Bank State:										
Routing #: <i>9 digits</i>	Account #:										
PERSONAL INFORMATION:											
<p>Once activated, ALL future payments will be processed via ACH/ Direct Deposit. To discontinue ACH/ Direct Deposit, notify the Auditor's office one week in advance of discontinue date.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border: none;">Vendor Name:</td> </tr> <tr> <td colspan="2" style="border: none;">Street Address:</td> </tr> <tr> <td style="border: none;">City:</td> <td style="border: none;">State:</td> </tr> <tr> <td style="border: none;">Zip:</td> <td style="border: none;">Phone:</td> </tr> <tr> <td colspan="2" style="border: none;">Email: <i>required</i></td> </tr> </table>	Vendor Name:		Street Address:		City:	State:	Zip:	Phone:	Email: <i>required</i>	
Vendor Name:											
Street Address:											
City:	State:										
Zip:	Phone:										
Email: <i>required</i>											

I hereby authorize Shasta County to initiate direct deposits (or correcting entries to previous deposits) to my account. By signing below I hereby hold harmless the County of Shasta, its agents, and representatives for any misdirection, or miscreditation of the direct depositing of my accounts payable funds.

 Signature Date