



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: | |
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| <u>Print "VOID" across the front of a check and attach it to this form</u> or attach a printout from your financial institution that contains the correct routing and account number. | Choose One |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | Bank Name: |
| | Bank City: Bank State: |
| | Routing #: <i>9 digits</i> Account #: |
| PERSONAL INFORMATION: | |
| 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. | 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