



VENDOR DIRECT DEPOSIT AGREEMENT

CHECK ONE

☐ New ☐ Amended ☐ Cancel

E-mail address (**MANDATORY**): _____

REMITTANCE ADDRESS

Name		
Address line 1		
Address line 2		
City	State	Zip
Federal Tax ID/Social Security #		

CHECKING ACCOUNT INFORMATION

Name	Acct Name (as on statement)	
Address line 1		
Address line 2		
City	State	Zip
ABA (Rounting #)	Account Number	

Contact Name/Title	Telephone
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TAPE VOIDED ORIGINAL PREPRINTED CHECK HERE. COPIES WILL NOT BE ACCEPTED.

If a check cannot be provided, banking information **must** be substantiated on the vendor's letterhead,
signed by an individual of appropriate authority.

I am authorized by the organization listed above to approve deposits (credits) to the organization's account listed above. I hereby authorize San Bernardino County to initiate deposits (credits) to the financial institution indicated herein. The financial institution is authorized to credit amounts to this organization's account. This authority will remain in full force and effect until the County has received written notification from our organization in the form of a new Agreement, canceling this Agreement in such time and such manner as to afford the County and the depositor a reasonable opportunity to act on it. (**No mark outs or alterations to this paragraph will be accepted. Signed original must be forwarded.**)

_____ Name (print)	_____ Title	_____ Phone number
_____ Signature	_____ Company	_____ Vendor Code
		_____ Date

Mail to: Auditor-Controller/Treasurer/Tax Collector
Accounts Payable Section
268 West Hospitality Lane 4th Floor
San Bernardino, CA 92415-0018

Office use only

Reviewed by	Date	Keyed by	Date
Verified by			Date



VENDOR DIRECT DEPOSIT AGREEMENT FORM INSTRUCTIONS

Purpose of Form

This form will register your organization for automated electronic payments. Instead of creating a paper warrant, the County will make direct deposits to your organization's designated checking account (saving accounts cannot be used). Please note that the e-mailed payment information (remittance advice) will be sent out separately from the electronic payment and in most instances will arrive ahead of the direct deposit.

Effective Aug. 1, 2007, vendors who have new or amended County contracts are required to accept all payments from the County via electronic funds transfer (EFT).

For direct deposits from San Bernardino County, your organization or the person authorized by your organization must have an e-mail address where remittance advice information will be sent. County contractors must maintain continued enrollment in order to remain eligible. Vendors without contracts may cancel direct deposit authorization at any time by providing written notification to the County at the address below.

Auditor-Controller/Treasurer/Tax Collector's Office
Accounts Payable
268 Hospitality Lane, 4th Floor
San Bernardino, CA 92415-0018

Instructions for Vendor Direct Deposit Agreement (form on previous page)

1. Enter the e-mail address where remittance advice information can be sent. Organizations receiving automated payments from San Bernardino County must have an e-mail address.
2. Fill in requested information (i.e. correct billing address, federal tax identification number, and banking data). The financial institution's ABA or routing number can be found on the bottom left section of your checks between these symbols Ψ : _ _ _ - _ _ _ Ψ : The bank account number can normally be found at the bottom of checks in the section on the right.
3. Enter the name and telephone number of someone in your organization that the County can call if we have questions about the information contained on the Direct Deposit Agreement form.
4. Tape a voided (original preprinted bank) check on the account listed in the space provided. If one cannot be provided, banking information must be substantiated on the vendor's letterhead, signed by an individual of appropriate authority.
5. Complete the authorization section. A person authorized by the organization to approve deposits (credits), and/or corrections to the previous credits for the listed account must sign the "Vendor Direct Deposit Agreement" before direct deposits may begin.
6. Return the form (signed original) to the San Bernardino County Auditor-Controller/Treasurer/Tax Collector's Office Accounts Payable section at the address above.

Please inform the County of any changes in your banking information or e-mail address. Updates are essential to ensuring timely deposits and e-mail notifications.

If you have any questions about this form or our direct deposit system, please call us at 909-382-3139.