



JOHNSON COUNTY, KANSAS
ACH Vendor Payment Authorization
Out Bound Credit

Effective Date: \_\_\_\_\_
Check one: [ ] ACH Deposit-NEW [ ] ACH Deposit-CANCEL
[ ] ACH Deposit-CHANGE

PAYEE/VENDOR INFORMATION
NAME: \_\_\_\_\_ SSN NO. OR TAXPAYER ID NO: (TIN) \_\_\_\_\_
ADDRESS: \_\_\_\_\_
CONTACT PERSON
NAME: (if other than payee) \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_
REMITTANCE ADVICE
EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

I certify that the information provided on this form is correct. I authorize Johnson County, Kansas -Treasury and Financial Management(TFM), hereinafter called COUNTY, to direct payments to the financial institution designated below and to initiate, if necessary, any debit entries and adjustments for any credit entries in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is applicable to all payments issued to the above-named payee by COUNTY under the designated TIN or SSN. This authorization is to remain in full force and effect until COUNTY has received written notification from me of its termination in such time and in such manner as to afford COUNTY and Financial Institution named below a reasonable opportunity to act on it. I understand that failure to notify COUNTY of any bank account changes may result in my (our) payment being delayed.
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCIAL INSTITUTION INFORMATION
NAME: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
ACH COORDINATOR'S TELEPHONE NUMBER: \_\_\_\_\_
DDA / CHECKING ACCOUNT NAME: \_\_\_\_\_
DDA / CHECKING ACCOUNT NUMBER: \_\_\_\_\_
NINE-DIGIT ROUTING TRANSIT NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
I confirm the identity of the above-named payee(s) and the account name and number. As representative of the above-named financial institution, I certify that the financial institution agree to receive and deposit the payment identified above.
Bank Signature required
Bank Officer
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please complete and return this form by mailing to the address below or FAX or E-mail attachment.

Johnson County, Kansas
Treasury and Financial Management
111 S Cherry St., Suite 2400
Olathe, KS 66061-3486
Voice: (913) 715-0532 or 715-0565
Fax: (913) 715-0577
Email: TFM-AchEnrollment@jocogov.org

(Rev: 02/16)

Supp# \_\_\_\_\_ Site \_\_\_\_\_
Entered \_\_\_\_\_ Date \_\_\_\_\_
Initials \_\_\_\_\_
Verified \_\_\_\_\_ Date \_\_\_\_\_
Initials \_\_\_\_\_