

Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer

Vendor Direct Deposit Authorization

Please PRINT or TYPE all information legibly.

* Items must be completed

Summit County Department Information

Department Doing Business With

Department _____ Contact _____ Email _____ Phone _____

PART I: Name, Tax Payer Identification, and Birthdate

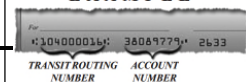
Full Legal Name: (As shown on IRS EIN records, IRS Notification CP575, or Social Security Admin records.) No nicknames or acronyms.

* _____				
Social Security Number	AND	Birthdate	OR	Federal Taxpayer Identification No. (TIN)
* _____		_____		_____

PART II: Choose your Direct Deposit destination

You have the option of depositing your vendor check into a checking or savings account. We support a variety of banks and credit unions.

EXAMPLE



* Your Account			
Financial Institution _____			
City _____		State _____	ZIP _____
Transit Routing No. _____			
Account No. _____			
Account Type:	Checking <input type="checkbox"/>	OR	Savings <input type="checkbox"/>
Must attach an original voided or canceled check. (A signed letter from the bank is acceptable.)		Must provide supporting documentation. (A signed letter from the bank is acceptable.)	

PART III: Parental Certification and Authorization

I certify that the number shown on this form is my correct taxpayer identification number, and I authorize the County of Summit Fiscal Office and the financial institution(s) named above to initiate entries to my checking/savings account(s). This authority is to remain in force and effect until the County of Summit Fiscal Office has received written notification from me of its termination in such time and in such manner as to afford the County of Summit and Depository a reasonable opportunity to act on it. The County of Summit Fiscal Office has the right to revoke this authorization.

* _____	
Handwritten Signature of the owner of the Social Security Number or the Authorized Corporate/Partnership Representative for the listed TIN	Date Signed _____
_____	_____
Email Address	Phone #

Return this form with your completed Vendor Application to the department you are doing business with.

Individuals * Please provide copy of valid driver's license or state ID.	Companies * Please provide 2 contacts from your organization we can confirm future changes with
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Contact 1:	_____	_____	_____	_____
Name	Title	Phone	Email	
Contact 2:	_____	_____	_____	_____
Name	Title	Phone	Email	

Part IV: Originating Department use only:

Direct Deposit Verified By:	_____	_____
Name		Phone #

Part IV: Fiscal Office Accounting use only:

Vendor #	Tyler Updated		
	Entered:	Verified:	