

COUNTY OF CAMPBELL



Vendor Direct Deposit Authorization Agreement

I authorize Campbell County and the financial institution listed below to electronically credit into my checking account all vendor payments or reimbursements payable to me by Campbell County.

I understand I will receive an e-mail notice showing the amount and date of electronic payments credited to my account.

If funds to which I am not entitled are deposited to my account, I authorize Campbell County to direct the financial institution to return the funds.

I understand that if I change my e-mail address or change/close my account at the financial institution listed below, I must immediately contact the Campbell County Accounts Payable Office.

This authorization may be withdrawn at any time by notifying Campbell County in writing seven (7) days prior to the next scheduled credit. Please complete all information requested below.

Name(s) on the Account _____
Trading/Vendor Name _____
E-Mail Address/not required _____
Mailing Address _____
Contact Person _____
Phone Number _____
Financial Institution/Bank _____
Transit Routing Number * _____
Deposit Account Number* _____

*(Attach a **voided check** bearing this account number).

Person authorizing direct deposit _____
(Please print)

By my signature below, I certify that I am an authorized signer on the account listed above and have read and understand the terms of the Authorization Agreement.

Signature _____ Date _____

Mail completed form along with Voided check to: **Campbell County Accounts Payable, P. O., Box 100, Rustburg, VA 24588.** Call 434-332-9530 if you have any questions.

Office Use Only

Vendor Number _____
Date of Pre-note _____

Date Code changed _____