

**Orange County Board of County Commissioners  
Electronic Payment Authorization for County Agencies,  
Employees and Retired Employees**

Please complete this form and return to:

Orange County Comptroller  
Vendor Team  
PO Box 38  
Orlando, FL 32802-0038  
407-836-5715

**PAYEE INFORMATION:**

Name	
Address	
Contact Person	Phone Number
Fax Number	Email Address (required)
Last 4 SSN	

**EFT FINANCIAL INSTITUTION INFORMATION:**

Bank's ABA (routing number)
Bank Account Number
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account
Name and complete address of Bank or Financial Institution
Bank Phone Number:

I authorize these payment instructions, and agree to the terms and conditions for Electronic Funds Transfer payments listed below:	
Printed Name _____	
Signature/Title _____	Date _____

<small>For OC Comptroller Use Only</small>	
Vendor Code: _____	
Entered in System by: _____	Verified by: _____
01-PPD    _____    (Individual Acct)	Type of Account:    02-CCD+    _____    (Business Acct)

This form is for County Agencies, Employees and Retired Employees who wish to receive payments by electronic funds.

- It is mandatory that the address and phone number for your bank or financial institution be included.
- The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly.
- Please provide the email address for receipt of the EFT remittance notification. An email will be sent on the day the direct deposit is sent to your bank.

**TERMS AND CONDITIONS**

This authorization will remain in effect until withdrawn in writing with sufficient notice to the Orange County Comptroller's Office (Comptroller) to allow adequate time to effect termination. The Comptroller will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may make changes to the information on this form in writing. Changes to account information or EFT rejects will cause the original authorization to be immediately inactivated.

This form authorizes the Comptroller to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA Rules Article ii, Sections 2.4 and 2.5 to correct a credit entry made in error. Such entry will not be made without prior notice to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

Please attach a VOIDED check to be used for verification.

Original of this form and the VOIDED check should be forwarded to the address above. FAXES are not acceptable.