

ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT OF MIAMI-DADE COUNTY WARRANTS

We hereby authorize the Finance Department to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules.

Original form must be received before we can process your request for ACH deposits. Please refer to page 2 for instructions. Processing of the form is approximately 15 days from of completed original form.

This authority is to remain in effect until revoked by us at the Finance Department in writing. Account changes must be reported to the Finance Department at a minimum fifteen (15) days prior to actual change and receipt.

	Section 1	(TO BE COI	MPLETED BY	VENDO	r)			
TRANSACTION TYPE:	New 🔲		Change		Teri	minate		
FEDERAL IDENTIFICATION NUM	//BER	(AS	PER CURRENT W-9)			(FOR II	NTERNAL US	BE ONLY)
VENDOR NAME :								
DBA (DOING BUSINESS AS) :								
FISCAL OFFICER NAME AND TITLE	:							
TELEPHONE NUMBER :								
EMAIL :								_
ACH NOTIFICATION EMAIL:								_
ACH Notification/Payment details will be sent to this	address)							-
ROUTING NUMBER								
VENDOR'S BANK ACCOUNT NU	IMPED					(FOR II	NTERNAL US	SE ONLY)
VENDOR 3 BANK ACCOUNT NO	DIVIDER							
TYPE OF ACCOUNT	Checkin	g 🔲		Savings				
AUTHORIZED SIGNATURE				DATE :				
OUR MAILING ADDRESS. SUBMISSION			STED ABOVE MU ATORY IN ORDEI					
OUR MAILING ADDRESS. SUBMISSION		RESS IS MAND	ATORY IN ORDEI	R TO PARTIC	IPATE IN THI	S PAYMENT		
OUR MAILING ADDRESS. SUBMISSION	I OF YOUR E-MAIL ADD	RESS IS MAND	ATORY IN ORDEI	R TO PARTIC	IPATE IN THI	S PAYMENT		
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME	I OF YOUR E-MAIL ADD	RESS IS MAND	ATORY IN ORDEI	R TO PARTIC	IPATE IN THI	S PAYMENT		
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME ADDRESS	I OF YOUR E-MAIL ADD	RESS IS MAND	ATORY IN ORDEI	CIAL INST	IPATE IN THI	S PAYMENT		
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER:	I OF YOUR E-MAIL ADD	RESS IS MAND	ATORY IN ORDEI	CIAL INST	ITUTION)	S PAYMENT		
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE	ection 2 (TO BE C	COMPLETEE	D BY FINANC	EMPLC	ITUTION) YEE ID NO	O.:	OPTION	
S FINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE I have verified that the account and I have also verified that the person	ection 2 (TO BE C	COMPLETEE	D BY FINANC	EMPLC	ITUTION) YEE ID NO	O.:	OPTION	
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE I have verified that the account and I have also verified that the person SIGNATURE	ection 2 (TO BE C	COMPLETEL	D BY FINANCE	EMPLO orresponds ecified. DATE:	YEE ID NO	O.:	OPTION	
OUR MAILING ADDRESS. SUBMISSION S FINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE I have verified that the account and I have also verified that the person SIGNATURE	icection 2 (TO BE Complete Com	COMPLETEL	D BY FINANCE STATES AND STATES AN	EMPLO orresponds ecified. DATE:	YEE ID NO	O.:	option.	-
SECTION 3 (T Accounts Payable -	icection 2 (TO BE Complete Com	COMPLETEL ovided above exed signer on one of the complete of	D BY FINANCE STATES AND STATES AN	EMPLO orresponds ecified. DATE:	YEE ID NO to vendor PARTMEN	O.:	ew/Ap	-
OUR MAILING ADDRESS. SUBMISSION SETIMANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE I have verified that the account and I have also verified that the person SIGNATURE Section 3 (T Accounts Payable -	ection 2 (TO BE Complete Supplier Mainte	COMPLETEL ovided above exed signer on one of the complete of	is correct and cothe account spontations Verified by:	EMPLO orresponds ecified. DATE:	YEE ID NO to vendor PARTMEN Finan First rev	O.: noted abov	ew/Ap	-
SFINANCIAL INSTITUTION NAME ADDRESS TELEPHONE NUMBER: EMAIL: BANK OFFICIAL NAME AND TITLE I have verified that the account and I have also verified that the person SIGNATURE Section 3 (T Accounts Payable -	ection 2 (TO BE Complete Supplier Mainte	ovided above exed signer on D BY MIAM nance Veri	is correct and cothe account spoots fications verified by:	EMPLO orresponds ecified. DATE:	YEE ID NO to vendor PARTMEN First rev Date of	O.: noted abov IT) nce - Revi	ew/Ap	-



ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT OF MIAMI-DADE COUNTY WARRANTS

INSTRUCTIONS

Please contact us at (305) 375-5111 or email at FIN-APSM@miamidade.gov if you have any questions or need assistance with this form. You may obtain blank copies of this form at: http://www.miamidade.gov/finance/library/ach_form.pdf

As a Miami-Dade County supplier you can have access to our supplier portal. The portal offers a one-stop site for suppliers to view bidding opportunities, information on contracts awarded by the County, ability to update their profile, invoice processing, payment information and other features.

Visit us at https://supplier.miamidade.gov

Section 1

Transaction Type

New: If vendor is currently not on ACH deposits with Miami-Dade County.

Change: If vendor is currently on ACH deposits with Miami-Dade County and would like to make changes to their information

(example: change of financial institution, account number, E-Mail address, etc.)

Terminate: If vendor is currently on ACH deposits with Miami-Dade County and would like to switch to either Check or AP Control

disbursement type)

Federal Identification Number: Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) used to register you as a vendor with Miami-Dade County. Name and FEIN/SS must be exactly as provided on IRS Form W-9.

Vendor Name: Enter the name of your business or individual name used to register you as a vendor with Miami-Dade County. **DBA (Doing Business As):** If you have registered a DBA for your business or for you as an individual, please enter it here. **Fiscal Officer Name, Title and E-Mail:** Name of Authorized Corporate officer, Title and E-Mail address to be contacted to.

ACH Notification E-Mail: This is the E-Mail address where payment information will be sent to.

Section 2

This section must be completed in full and legible manner by your banking institution in order to prevent delays in processing change to ACH. Both acknowledgment statements must be checked off by Bank Official signing and dating the form.

Section 3

This section will be completed by Miami-Dade County Finance Department.

ORIGINAL FORM AND VOIDED CHECK OR REDACTED STATEMENT MUST BE MAILED TO:

Accounts Payable - Supplier Maintenance Team Miami-Dade County Finance Department 111 NW First Street, Suite 2620 Miami, Florida 33128

Terms and Conditions

Processing time is approximately fifteen (15) days from receipt of complete form and voided check or redacted Bank statement.

Providing account information does not authorize Miami-Dade County to access bank account activity.

ACH deposits can be made into only one (1) bank account. Payments can not be split between multiple accounts.

Notification E-mail providing payment information can be sent to one (1) e-mail address only.

Proper verification will be conducted by Miami-Dade County Finance Department Staff, via a telephone call to confirm the information being provided is accurate.

This authorization shall remain in effect until terminated in writing with sufficient notice to Miami-Dade County Finance Department.

Miami-Dade County will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this ACH Authorization Agreement Form.