





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

### INSTRUCTIONS

Please contact us at (305) 375-5111 or email at [FIN-ACHN@miamidade.gov](mailto:FIN-ACHN@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](http://www.miamidade.gov/finance/library/ach_form.pdf)

At our Vendor Payment Inquiry (VPI) website you can obtain payment information as well as status of invoices, payment due date and other important information. You can reach the VPI site at :

<https://w85exp.miamidade.gov/VInvoice/login.do>

### 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, 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. Corporate officer signing this form must be an authorized signatory in the corporate bank account listed on this form.

**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 Manager

**Miami-Dade County Finance Department**

**111 NW First Street, Suite 2620**

**Miami, Florida 33128**

#### Terms and Conditions

Completed form should not contain any changes (scratched off /white out) or altered information; otherwise, form will not be accepted.

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) single 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.