



DIRECT DEPOSIT/ACH Authorization/Change Agreement

Vendor: _____ F.E.I.N./Soc. Sec. #: _____
(Please Print)

Email Notification of Direct Deposit to: _____
(E-mail Address)

SECTION I: Vendors must complete Section I in its entirety and attach a voided check or bank letter with account information listed in order for ACH paperwork to be processed

Account Type (Checking or Savings)	Bank Routing/ABA No. (9 Digits)	Account No.

Bank Name	Address	City, State, Zip	Telephone No.

SECTION II:

I/we hereby authorize Will County to initiate credit entries and, if necessary, debit entries, and adjustments for credit entries made in error to my account. This authorization remains in force and effect until Will County receives written notification from me terminating this Agreement. Upon termination of this Agreement, I realize it may take up to seven days to discontinue direct deposit.

SECTION III:

I/we understand the County of Will shall not be liable for misdirected funds due to misinformation provided by Vendor or due to mistakes or errors on the part of Vendor and/or any Third Party.

X _____
Printed Name Signature Title Date Phone #

X _____
Printed Name Signature Title Date Phone #

**PLEASE RETURN WITH VOIDED CHECK OR BANK LETTER ATTACHED TO:
WILL COUNTY PURCHASING DEPARTMENT
302 North Chicago St.- Joliet, IL 60432**