TRAVIS COUNTY AUDITOR
Authorization Agreement for Direct Deposit (ACH Credits)

Form last updated on 3/2/2016

This form authorizes Travis County to initiate credit entries to the account and depository financial institution named below. Origination of ACH transactions to this account must comply with the provisions of U.S. law. Travis County is also authorized to direct the financial institution to return any monies deposited in error.

Please complete and sign the form. Submit it one of two ways:

1. Scan and e-mail the signed form as a PDF to: **AP@Traviscountytx.gov**
2. Mail the signed form to: **Travis County Auditor's Office • P.O. Box 1748 • Austin, TX 78767**

Company Information

Company Name _____

DBA Name (if applicable) _____

Tax ID Number:* _____

Select the ACH Request Type:

- ◯ New
- ◯ Change
- ◯ Cancellation

***Note: The Tax ID number provided on this Authorization Agreement Form must match the W-9 Tax ID number on file in our office.**

Depository (Banking) Information

Depository Name: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until Travis County receives another replacement Authorization Agreement Form with the change or cancellation designation. ****In the event your bank rejects an established ACH, that payment will be pushed to our next payment cycle and will be sent as a paper check.**

*****IMPORTANT*****

Written Credit Authorizations **must provide** that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Authorization Requestor Information

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____
(Remittance E-mail)

Date: _____ Signature: _____

FOR TRAVIS COUNTY AUDITOR USE ONLY

Vendor #: _____ Entered by and Date: _____