



**Vendor Authorization of Direct Deposit (ACH Credits)
from Lee County Tax Collector**

VENDOR INFORMATION

Individual/Entity Name: _____
Bidder #: _____
Address: _____
City: _____
State: _____
Zip: _____
Federal Tax ID: _____

PRIMARY CONTACT INFORMATION

Name: _____
Phone Number: _____
Email: _____

FINANCIAL INSTITUTION INFORMATION - Checking Account Only

Bank Name: _____
City: _____
State: _____
Zip: _____
ABA Routing Number: _____
Account Number: _____

I (we) hereby certify I am the individual or an authorized agent for the entity named above and authorize the Lee County Tax Collector to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form, my payment will be delayed until the funds are returned to the Tax Collector's bank as part of the ACH deposit and return process. I further understand that all future changes to the financial institution provided will require a new authorization form to be submitted.

Authorized Signature(s): _____ Date: _____

Please return this document to the attention of the Finance Department at the address below.