



**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.

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Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

PO BOX 850 · FORT MYERS, FLORIDA 33902 · 239.533.6000 · LEETC.COM  
Finance Department Contact: [AcctAll@leetc.com](mailto:AcctAll@leetc.com) · (239) 533-6021