

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

CHAD CHRONISTER, SHERIFF

TAMPA, FL



Direct Deposit Payment Authorization Form

Please complete this form if you would like to receive payments through the Automatic Clearing House System (ACH) in lieu of a check. Upon deployment, payees will be notified via e-mail that a payment has been sent to their financial institution. **Please note that it may take up to two weeks from receipt of this form by the Hillsborough County Sheriff's Office for initial setup and pre-noting through the ACH System.**

Payee Information:

Payee Name (Entity Name or Name of Individual)

SSN or EIN

E-mail address

Phone Number

Financial Institution Information:

Bank Name: _____

Address: _____

Routing Transit Number (9 digits): _____

Account Number: _____

Checking Account - Attach a blank voided check here

Savings Account - Attach a blank voided deposit slip here

Payee Certification:

By signing this form, I authorize payments to be sent to the financial institution named above to be deposited to the designated account by the Hillsborough County Sheriff's Office for goods/services rendered, reimbursements, or other transactions and, if necessary, to initiate debit entries and adjustments for any credit entries (deposits) made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

Name and Title

Signature

Date

Please return completed form and blank voided check to the following address or email:

Hillsborough County Sheriff's Office
ATTN: Accounts Payable
2008 East 8th Avenue
Tampa, Florida 33605
accountspayable@hcsso.tampa.fl.us

FSD Use Only	Vendor ABN: _____	RMT #: _____
Entered by: _____	ABN: _____	Date: _____
Verified by: _____	ABN: _____	Date: _____