



COUNTY OF NEVADA
PLEASE RETURN TO THE NEVADA COUNTY AUDITOR-CONTROLLER'S OFFICE

950 Maidu Ave.
Nevada City, CA 95959
(530) 265-1244 or fax (530) 265-9843

ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize the County of Nevada to initiate deposits (credits) and/or corrections to credits previously initiated to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts credited to my account. This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice to the County of Nevada. Keep in mind that banks have different policies on when the deposited funds are available for use. You should determine the policy of your bank before writing checks against the funds, and you should verify all deposits with your bank within 24 hours.

◆ Please complete this form and return it to us at the address listed above. **PLEASE PRINT CLEARLY:**

I DO NOT ELECT TO HAVE DIRECT DEPOSIT - Below signature & date required

Direct Deposit

Please provide your bank's ABA number and the checking or savings account number to which we should deposit your payments. See the sample at the bottom of this form to locate the bank information on your check, or **ATTACH A VOIDED CHECK**. **DO NOT** attach a deposit slip. For a savings account, contact your bank to obtain the correct ABA routing number.

1

Bank Name _____

Bank Routing Account _____ Checking Savings
(Choose one)

Bank Account Number _____

Action Needed: (Check One) Start Change Cancel

Remittance

2

To receive paid invoice information when a deposit is forthcoming to your account, please provide your e-mail address below. If you do not provide an e-mail address, payments will be deposited into your account without an e-mail notification. In all cases payments will appear on your monthly bank statement.

E-mail address: _____

Authorization

3

Name _____ **Phone #** _____

Company Name _____ **Title** _____

Company Address _____

Signature _____ **Date:** _____

If you have any questions regarding the completion of this form or on the Electronic Deposit process, please call the Auditor-Controller's Office (530) 265-1244.

PLEASE ATTACH A VOIDED CHECK TO EXPEDITE THE PROCESS !

The bank ABA or routing number will be 9 digits. **DO NOT** include any dashes (-) in your bank account number.

Sample : 101010011: 0551005115100 1101

ATTACH VOIDED CHECK HERE

Auditor-Controller's Office Use Only

Vendor: _____ **Bank Table Code** _____

Prenote Date: _____ **ACH Status** 23 or 33

District Approval: _____

Comments: _____