

Vendor Direct Deposit Enrollment Form (rev. 8/14)



Account Status: ☐ Set Up New Account ☐ Change Account Profile

Vendor Information

Please Print

Vendor Name: _____

Federal Tax ID: _____ or SSN: _____

Contact Phone #: _____ E-Mail Address: _____

Employee Information

Employee Name: _____

Department: _____

Phone #: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____ Checking ☐ Savings ☐

Account Number: _____

Authorization Agreement

I hereby authorize Sarasota County to initiate automatic deposits to my account at the financial institution named herewith. I understand that I will be issued payment in the form I am currently receiving until Direct Deposit has been established.

Further, I agree not to hold Sarasota County responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Sarasota County receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Signature

Authorized Signature: _____

Date: _____

**Please attach: For checking account deposit attach a voided check or bank letter.
For savings account deposit attach a deposit slip.**

Return completed form to: Clerk of the Circuit Court and County Comptroller's Finance Department
Accounts Payable Unit
P.O. Box 8
Sarasota, FL 34236