



Mail or email completed form with voided original preprinted check to:
disbursements@gwinnettcounty.com

or

Gwinnett County Department of Financial Services, ATTN:Treasury Division – Disbursements Section
75 Langley Drive, Lawrenceville, GA 30046

All fields required

Payee Information

Business name:		Accept credit card payments (<i>check one</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing address:	City:	State:	Zip code:
Contact name:		Daytime phone number:	
Email address:			

Banking Information

Payments will not be sent until the vendor account is updated. An acknowledgement email will be sent to the above email address.

Are you (<i>check one</i>):		
<input type="checkbox"/> Adding	<input type="checkbox"/> Changing	<input type="checkbox"/> Cancelling this agreement
Financial institution name:	Account name (business/legal name on account):	
Only use ABA/Routing Number and Account Number from checks. Do not use information from deposit slips.		
ABA/routing transit number:	Full account number:	
Note: Payments are deposited with one addendum (remittance) record for each payment.		
NACHA Operating Rules requires your banking institution to provide you with addenda (remittance) information that the County includes on each payment. Any banking charge to receive this information is the responsibility of the account holder.		

Agreement and Authorization

I hereby authorize Gwinnett County to satisfy payment obligations due me by making deposits to the account indicated above. I understand the County will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that an updated form is required if I change financial institutions and/or account numbers.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform Gwinnett County immediately.

If the County discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the County concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under O.C.G.A. § 16-10-20.

Print name:	Title:
Signature:	Date:

If you have any questions regarding this form, please contact the Disbursements Section at 770.822.7872.