

Orange County Board of County Commissioners Electronic Payment Authorization for County Agencies, Employees and Retired Employees

Please complete this form and return to:

Orange County Comptroller
Accounts Payable Manager
PO Box 38
Orlando, Florida 32802-0038
407-836-5715

PAYEE INFORMATION:

Retiree or Elected Official name and address	
Contact person	phone number
Fax number	E-mail address (required)

I authorize these payment instructions, and agree to the terms and conditions for Electronic Funds Transfer payments on the reverse side of this form:

Printed Name	
Signature/Title	Date
Signature/Title	Date

EFT FINANCIAL INSTITUTION INFORMATION:

Bank's ABA (routing) number	
Bank Account Number	
Bank Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account	
Name and complete address of Bank or Financial Institution	
Bank Phone Number: _____	

For OC Comptroller use only:	
Vendor Code: _____	
Entered in system by: _____	Verified by: _____
Type of Acct:	
01-PPD _____ (individual acct)	02-CCD+ _____ (business acct)

Please attach a VOIDED check to be used for verification.

Original of this form and the VOIDED check should be forwarded to the address above. FAXES are not acceptable.

**Orange County Board of County Commissioners
Electronic Payment Authorization**

This form is for County agencies, employee and retired employees of Orange County who wish to receive payments by electronic funds.

- **It is important that the address and phone number for your bank or financial institution be included.**
- **The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly.**
- **Please provide the e-mail address for receipt of the EFT remittance notification. An EFT payment can only be processed if an email address is provided.**

Terms and Conditions

This authorization will remain in effect until withdrawn in writing with sufficient notice to the Orange County Comptroller's Office (Comptroller) to allow adequate time to effect termination. The Comptroller will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may make changes to the information on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated.

This form authorizes the Comptroller to initiate credit entries and, if necessary, a reversing entry in [accordance with NACHA rules Article ii, Sections 2.4 and 2.5](#) to correct a credit entry made in error. Such entry will not be made without prior notice to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.