



Sedgwick County...
working for you

Sedgwick County
Accounts Payable Department
525 N. Main, Ste. 823
Wichita, KS 67203
Phone 316.660.7149
Fax 316.383.7729

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee/Vendor Name _____
Address Street _____
City, State, Zip _____
Telephone _____
Contact Name _____
Contact e-mail _____

Complete this section for **new enrollments** or for **financial institution or account changes**.

Select one: New Enrollment Financial Institution or Account Change

Bank Name _____
Branch (if applicable) _____
City, State, Zip _____
Transit/Routing Number _____
Bank Account Number _____

Account Type (check one) Checking Account Savings Account

I, the undersigned, authorize Sedgwick County, Kansas to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until Sedgwick County receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law.

Signature _____ Date _____
Name (printed) _____ Title _____

Complete this section to **cancel** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for Sedgwick County to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as Sedgwick County has reasonable time to act upon it.

Signature _____ Date _____
Name (printed) _____ Title _____

Mail the completed form to the address above or fax to 316.383.7729.

For Sedgwick County use only

Vendor Number _____ Date Received _____