

**Orange County Board of County Commissioners  
Electronic Payment Authorization for Vendors  
Orange County Comptroller - Chief Financial Officer**

Please complete this form and return to:

Orange County Comptroller  
Vendor Team  
PO Box 38  
Orlando, FL 32802-0038  
407-836-5715

**PAYEE INFORMATION:**

Vendor Name	
Address	
Contact Person	Phone Number
Fax Number	Email Address (required)
Tax ID #	<b>Please include completed W-9</b>

**EFT FINANCIAL INSTITUTION INFORMATION:**

Bank's ABA (routing number)	
Bank Account Number	
Bank Account Type:	Checking                  Savings
Name on Account	
Name and complete address of Bank or Financial Institution	
Bank Phone Number:	

I authorize these payment instructions, and agree to the terms and conditions for Electronic Funds Transfer payments listed below:

Printed Name

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

For OC Comptroller Use Only

Vendor Code: \_\_\_\_\_

Entered in System by: \_\_\_\_\_ Verified by: \_\_\_\_\_

01-PPD      \_\_\_\_\_      (Individual Acct)      Type of Account:      02-CCD+      \_\_\_\_\_      (Business Acct)

This form is for vendors who wish to receive payments by electronic funds.

- It is mandatory 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 email address for receipt of the EFT remittance notification. An email will be sent on the day the direct deposit is sent to your bank.

**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This authorization will remain in effect until withdrawn in writing with sufficient notice to the Orange County Comptroller's Office (Comptroller) to allow adequate time to effect termination.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. Changes to the information on this form may only be made by an authorized representative of the Payee and must be made in the form of a complete revised electronic authorization form. Changes to account information or EFT rejects 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 Two, Sections 2.8 and 2.9 to correct a credit entry made in error.

In the event of an overpayment, duplicate payment, fraudulent payment or other error, the Payee agrees to return the erroneous payment within ten (10) business days. If the erroneous payment is not returned within ten (10) business days, the Payee shall remit interest on the erroneous payment from the day it receives notification of the error from the Comptroller until the day the funds are returned. The interest shall be paid at the bank prime loan rate published in the Federal Reserve's *Selected Interest Rates (H.15)* report.