

PRINCE GEORGE'S COUNTY MARYLAND

OFFICE OF FINANCE – ACCOUNTING DIVISION

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AUTHORIZATION FOR ELECTRONIC FUNDS DISBURSEMENT

PRIVACY ACT STATEMENT

The following information is being provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to start/stop payment data by electronic means to the referenced financial institution. Failure to provide correct or complete information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. (April 2004)

Vendor/Payee Information

Action: Start Stop Federal TIN/SSN

Legal Name _____

Business Name (if different) _____

Address _____ City _____ State _____ Zip _____

Remittance Address (if different) _____

Contact _____ Title _____

Voice _____ Email _____ Fax _____

FINANCIAL INSTITUTION

Name of Bank _____ Account Title _____

Address _____ City _____ State _____ Zip _____

Contact _____ Telephone _____

Account No. _____ Checking Savings

Nine-digit Routing No:

CONDITIONS AND AUTHORIZATION

I acknowledge that this form has been completed to the best of my knowledge. I understand that in the event of an erroneous payment, the County reserves the right to reverse a transfer and further understand that failure to provide accurate information could result in a forfeit of this payment method. I certify that I am a multiple payment vendor of at least five payments and will provide the County with my vendor number on all correspondence. I must communicate any changes in the financial institution(s) or account(s) to the County within five business days of the new information becoming effective. I understand that this payment method is governed by County policy that may periodically change without prior notice. I hereby authorize Prince George's County to electronically transfer payments due to the referenced business enterprise for goods or services rendered to the County.

Officer Name _____ Title _____

Signature _____ Date _____

OFFICIAL USE ONLY

Pay Entity _____ Vendor No. _____ Processor _____ Date _____