

BALTIMORE COUNTY OFFICE OF BUDGET AND FINANCE
ELECTRONIC PAYMENT AUTHORIZATION FORM
PAYEE'S AUTHORIZATION

FOR <u>ACTIVE</u> VENDORS CURRENTLY DOING BUSINESS WITH BALTIMORE COUNTY GOVERNMENT	
Complete form and return by secure email to:	mwells@baltimorecountymd.gov
If you cannot send by secure email, return by fax to:	Attn: Michelle Wells McClain 410-842-2671
For questions, call or email:	410-887-2455; mwells@baltimorecountymd.gov

I authorize Baltimore County Office of Budget and Finance and the financial institution listed below to transfer payments due to me to my checking or savings account.

ALL REQUESTED INFORMATION MUST BE PROVIDED BELOW:

TYPE OF REQUEST: New Change*

PRINT LEGAL COMPANY/BUSINESS NAME	Taxpayer ID Number (EIN or SSN)
NAME OF FINANCIAL INSTITUTION (BANK)	Bank Account Number

Deposit to: (Check one)		CHECKING ACCOUNT – Attach a VOID check where indicated below, or as an additional page
		SAVINGS ACCOUNT – Enter Bank Routing # or ABA# below:

Authorized Signature	Phone Number

PRIMARY CONTACT:

Contact Name:		
	(Please print)	Phone Number
E-mail address:		
Remittance advice will be mailed to the above email address. Promptly report any changes.		

ADDITIONAL CONTACT:

Contact Name:		
	(Please print)	Phone Number
E-mail address:		

***** **ATTACH VOID CHECK HERE** *****
(Or include an additional page)
In lieu of a void check, a letter or statement from your bank, listing the above required bank account information, is also acceptable.

*ANY CHANGE IN ACCOUNT NUMBER OR FINANCIAL INSTITUTION must be reported immediately to avoid delays in payment. Checks will be mailed to you until the new account information is verified. This authorization agreement is to remain in full force and effect until written notification is received from the payee, in such a manner as to afford the payor a reasonable opportunity to act on it.