TERMS AND CONDITIONS FOR ELECTRONIC PAYMENTS

Your signature on Page 2 of this document confirms your company's acceptance of payment by the County of Volusia through Electronic Fund Transfer (EFT) and that the County can rely exclusively on the information provided by your company.

The County of Volusia will initiate payment to your company based on the following:

1. The electronic funds transfer will be made to the financial institution and account number designated on the enrollment form (Page 2).

2. All entries initiated hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in Atlanta now or hereafter in effect.

3. The information you provide on the form is very important. An authorized representative of your Company must communicate any change in the information to the County in writing in time to allow the County to respond to the change. The County will not be responsible for any loss, which may arise solely by reason of error, mistake or fraud regarding this information.

4. The County has the right to adjust future payments under the applicable purchase order, price agreement or contract if previous payments are found to be duplicate, excessive, fraudulent or in error. By your signature on the enrollment form you authorize the Financial Institution to accept and to credit or debit the amount of such entries to your account.

5. The County is responsible for making all payments under the applicable purchase order, price agreement, or contract subject to payment procedures stated in this Agreement. The County is responsible up to the point where the financial institution you designate receives or has control of the transaction. Any loss of data at that point will be borne by you unless the loss is due to sole negligence of the County or its originating bank.

6. Electronic Fund Transfers can be terminated by either party provided thirty (30) days advance notification is given in writing. Otherwise the County will continue to make electronic payments to your company as specified.

Form must be submitted to:
County of Volusia, Financial Services, Accounting, Attention: EFT Contact, Room 302 123 W. Indiana Ave, DeLand, FL 32720

Click on Next to display the form page.

To print these instructions and form please set properties to LANDSCAPE.

COUNTY OF VOLUSIA
Electronic Payment Agreement

To print this form - please set properties to LANDSCAPE

ACCOUNTING USE ONLY
Our Vendor #: _____
Application type:

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I/We hereby authorize electronic credit payments to my/our Bank Account as indicated below and within the terms of your purchase order or contract and per certain specific terms/conditions for electronic payments as described on page 1 of this document.

YOUR COMPANY	YOUR FINANCIAL INSTITUTION
Name:	Bank Transit Routing #- (9 digits)
Address:	Account Number to Receive Payments:
	Checking ☐ Savings ☐
	Name on Account:
	Bank Name:
Contact Person:	Address:
Telephone Number: ( )	
IRS Taxpayer ID #- -or- Social Security #-	Bank Contact Person:
	Telephone: ( )

TO BE COMPLETED BY COMPANY REPRESENTATIVE
I hereby affirm that I am an owner, officer, or authorized agent for the above company.
Signature: Date:
Print Name: Title:

TO BE COMPLETED BY NOTARY PUBLIC
Subscribed and Sworn to before me this _____ day of _____, _____
_____ Commission Expires: _____ Printed Name of Notary _____
Notary Public

Return to: County of Volusia, Financial Services, Accounting, Attention EFT Contact, Room 302,123 W Indiana Ave, DeLand, FIL 32720