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County of Volusia, Financial Services, Accounting Administration, EFT, Comptroller, Room 302, 123 W. Indiana Ave, Deltona, FL 32720

Form must be submitted to:

The County will continue to make electronic payments to your company as specified.

6. Electronic Fund Transfers can be terminated by either party provided thirty (30) days advance notification is given in writing. Otherwise, the County or its originating bank, pursuant to the terms of this Agreement may discontinue the program without notice.

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 for 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.

4. The County has the right to adjust future payments under the applicable purchase order, price agreement, or contract if previous agreements are found to be duplicative, excessive, fraudulent or in error. If your signature on the enrollment form you authorize the County to initiate and to deposit the amount of such entities into your account.

3. The information you provide on the form is very important. An authorized representative of your company must confirm and/or verify this information.

2. All entities included hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in effect at the time of this enrollment (Page 2). The County of Volusia will initiate payment to your company based on the following:

Electronic Payment Agreement

COUNTY OF VOLUSIA

TERMS AND CONDITIONS FOR ELECTRONIC PAYMENTS
Return to County of Volusia, Financial Services, Accounting, Attention: EFT Contract Room 302, 123 W Indiana Ave, Deland, FL 32720

Notary Public

Printed Name of Notary

Commission Expires

Signature of Notary

Subscribed and sworn to before me this day of

TO BE COMPLETED BY NOTARY PUBLIC

Print Name:

Title:

Date:

Signature:

I hereby affirm that I am an officer of the above company.

TO BE COMPLETED BY COMPANY REPRESENTATIVE

Telephone:

Social Security #

IRS Taxpayer ID #

Bank Contact Person

Telephone Number:

Address:

Contact Person

Bank Name:

Name on Account:

Account #

Checking

Savings

Account Number to Receive Payments:

Address:

Name:

Bank Transaction Routing # (9 digits)

YOUR FINANCIAL INSTITUTION

APPLICATION TYPE:

OUR VENDOR #: 20565

ACCOUNTING USE ONLY

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