



Niagara County Audit Department
59 Park Avenue
Lockport, New York 14094

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby consent to and authorize Niagara County to deposit my payment(s) in the account in my name, at the bank indicated below, and authorize said bank to credit such amounts to my account:

INDICATE TYPE OF ACCOUNT (CHECK ONE): CHECKING SAVINGS

NAME OF BANK:

ACCOUNT NUMBER:

ROUTING/ABA#:

BRANCH

CITY/STATE/ZIP:

Niagara County shall be authorized to make withdrawals on this account to adjust for any overage only after written notice is provided to the vendor of such overage. This authorization remains in effect for the duration of my contract, or until Niagara County wishes to discontinue the service, or has received a signed Termination Form. Termination Forms are available in the Niagara County Audit Department. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

STAPLE YOUR VOIDED CHECK OR SAVINGS BANK STATEMENT FOR YOUR ACCOUNT HERE

Affix a voided check (for checking accounts) or a bank document (for savings accounts) showing your name, address, account number and transit ABA routing number to this authorization. Send the original authorization agreement with documentation to Niagara County Audit Department, 59 Park Avenue, Lockport, NY 14094. Please keep a copy for your records.

VENDOR EMAIL ADDRESS (to receive email confirmation of payments)

VENDOR NAME (PLEASE PRINT)

TAX IDENTIFICATION NUMBER (last 4 digits)

VENDOR SIGNATURE

DATE

PHONE NUMBER