



DUPLIN COUNTY  
224 SEMINARY STREET  
PO BOX 950  
KENANSVILLE, NC 28349-0950  
PHONE: (910) 296-2104 FAX: (910) 296-2107

## ACH AUTHORIZATION FORM

Please completely fill in all information below:

### Vendor Information

Vendor name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address for remittance advice: \_\_\_\_\_

Remittance advice will come from [dcmunis@duplincountync.com](mailto:dcmunis@duplincountync.com). Please ensure this email address is added to your email's safelist.

### Banking Information

Type of Account (check only one)  Checking  Savings

Bank name: \_\_\_\_\_

Name on bank account: \_\_\_\_\_

Bank routing number (nine digits): \_\_\_\_\_

Bank account number (include all leading zeros, if any): \_\_\_\_\_

*Please submit a copy of a voided check or letter from your bank with this form.*

### Vendor Authorization

By signing this form, I authorize Duplin County to transfer funds electronically to the bank account provided for payment/reimbursement of goods and/or services provided to the County. I understand that if I do not provide a voided check or letter from my bank for verification, that the account presented on this form is accurate and legible. I understand that errors due to inaccurate or illegible information provided by me will delay the reissuance of payment. I understand that I should provide Duplin County with at least thirty days written notice if I change banks or accounts.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Return completed form to the Finance office or email [chelsey.lanier@duplincountync.com](mailto:chelsey.lanier@duplincountync.com)

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Office use only:

Vendor number: \_\_\_\_\_

Added date: \_\_\_\_\_ Initials: \_\_\_\_\_ Discontinued date: \_\_\_\_\_ Initials: \_\_\_\_\_