



FINANCE OFFICE

EFT 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. 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

Office use only:

Vendor number: _____

Added date: _____ Initials: _____ Discontinued date: _____ Initials: _____