Vendor # _____

Bay County A/P Employee Setup Request/Address and Change Form

Return completed form to: Bay County Purchasing, 515 Center Avenue, Suite 701, Bay City, MI 48708

I hereby make the following requests and authorizations relating to my reimbursement from Bay County; (1) I request and authorize you to initiate credit entries (direct deposit) to my Account indicated below; (2) I request and authorize you to initiate debit entries and adjustments for any credit entries (direct deposit) made in error to the Account; and (3) I request and authorize the Financial Institution named below to credit and/or debit any such entries to the Account.

PLEASE PRINT

Employee Name: _____

Email Address: _____

Employee Home Address: _____

_____

Financial Institution Name: _____

Financial Institution Address: _____

_____

Account Type: □ Checking □ Savings

Bank Routing Number: _____

Account Number: _____

I understand that you (Bay County) will verify the information provided above and, in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of my reimbursement payments via Electronic Funds Transfer (EFT/ACH) within 30 days of your receipt of this form. In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form. The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such a time and in such a manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

I hereby discharge you from all liability whatsoever (within limits allowed by law) for any action taken by you in accordance with the above request and authorization.

Employee Signature:_____ Date:_____

Per Board of Commissioners Resolution # 2014-79, effective June 1, 2014, Bay County Employees are required to enroll in the electronic funds transfer (EFT/ACH) system for reimbursement.

Note: If receiving anything other than refunds or reimbursements, please fill out the 3-page Bay County Vendor Setup Form.

FINANCE USE ONLY

Review Date: _____ Initials: _____

Employment Verified Y N

Employee #: _____

Revised September 2022