Buffalo County Administration
407 South Second St, PO Box 494, Alma, WI 54610

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART ONE - REASON FOR SUBMISSION

☐ New authorization

☐ Revision to current authorization (e.g. account or bank changes)

☐ Check here if there has been a change in ownership or location.

PART TWO - VENDOR / SERVICE PROVIDER INFORMATION

Legal Name

Buffalo County Vendor Number (for office use only)

Trade Name COMPLETE ONLY IF DOING BUSINESS AS (D/B/A) OR BUSINESS NAME OF SOLE PROPRIETORSHIP

☐ TIN ☐ SSN

Federal Tax ID Number

PART THREE - FINANCIAL INSTITUTIONAL INFORMATION

Financial Institution Name

Financial Institution City / Town

Financial Institution State

Financial Institution Contact Person

Financial Institution Telephone Number

Financial Institution Routing Transit Number (nine digit)

Account Number

Account Type
☐ Checking ☐ Savings

PART FOUR - CONTACT PERSON FOR VENDOR / SERVICE PROVIDER

Contact Person's Name

Contact Person's Title

Contact Person's Telephone Number

Contact Person's fax Number

Primary E-mail Address for EFT Remittance Notice

Notification of the EFT transaction will be sent to the e-mail address.

PART FIVE - AUTHORIZATION

I certify that the information provided on this form is correct, and I hereby authorize County of Buffalo to electronically deposit payments to the bank account designated above. It is my responsibility to notify County of Buffalo AP (ap@buffalocountywi.gov or 608-685-6234) immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until County of Buffalo AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which could take no longer than seven (7) to ten (10) business days.

SIGNATURE LINE

Authorized Designated Official Name (Print)

Authorized Designated Official Telephone Number

Authorized Designated Official Title

Authorized Designated Official E-mail Address

Authorized Designated Official Signature

Date

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INSTRUCTIONS

PART ONE: Check the reason for which the form applies.

PART TWO:

- Line 1. Enter the legal name as it appears on the W-9 Form and the income tax return.
- Line 2. Enter the trade or business name if different from the legal name.
- Line 3. Enter the Tax Identification Number (TIN) or the Social Security Number (SSN) of the entity.

PART THREE

- Line 1. Enter the name of the financial institution where the payments are to be deposited.
- Line 2. Enter the city and state of the financial institution where the payments are to be deposited.
- Line 3. Enter the name and phone number of the business contact at the financial institution where the payments are to be deposited.
- Line 4. Enter the 9-digit routing number of the financial institution where the payments are to be deposited.
- Line 5. Enter the account number to which the payments are to be deposited. Indicate the account type. Please include a confirmation of account information on bank letterhead or a voided check. Documentation should include the name on the account, electronic routing transit number, account number, and account type. If submitting on bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

PART FOUR

- Line 1. Enter the name and job title of the person to be contacted about payment issues.
- Line 2. Enter the phone number, fax number, and e-mail address of the person to be contacted about payment issues.
- Line 3. Enter a primary e-mail address where the payment remittance can be sent.

SIGNATURE

- Line 1. Enter the name and phone number of the authorized designated official.
- Line 2. Enter the official title and e-mail address of the authorized designated official.
- Line 3. Have the authorized designated official sign and date the form.

EMAIL THE COMPLETED FORM TO:

ap@buffalocountywi.gov

OR

FAX THE COMPLETED FORM TO:

BUFFALO COUNTY AP FAX: 608-685-6300

OR

MAIL THE COMPLETED FORM TO:

BUFFALO COUNTY ADMINISTRATION
ATTN: AP
PO BOX 494
ALMA, WI 54610