

OFFICE OF THE AUDITOR-CONTROLLER

PHYLLIS S. TAYNTON, CPA
Auditor-Controller



**SOLANO
COUNTY**

675 Texas Street, Suite 2800
Fairfield, CA 94533-6338
(707) 784-6280
Fax (707) 784-3420

SHEILA O. TURGO
Assistant Auditor-Controller

www.solanocounty.com

DIRECT DEPOSIT AUTHORIZATION FORM

- ✓ Follow **all** instructions to accurately Complete the information on this form.
- ✓ Attach an **original** voided check or bank verification letter to this form (photocopies will not be accepted and failure to provide original documents may delay processing).
- ✓ Please complete the form without any cross-outs or alterations and use **blue** ink only.
- ✓ **Please mail the completed form to the address provided.**

1. Payee Name:	4. Vendor Number (PEID#): <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
2. Mailing Street Address:	5. SSN/TIN Taxpayer Identification #: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
3. Mailing City, State and ZIP Code:	6. Direct Deposit Notification E-mail Address:
7. Name of Financial Institution:	8. Bank Routing Number: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>
9. Bank Account Number: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
10. Type of account (Check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
11. Action (Check one): <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Information <input type="checkbox"/> Terminate/Cancel Authorization	
12. Attachment (Check one): <input type="checkbox"/> Original Voided Check <input type="checkbox"/> Original Bank Verification Letter	

Payee Certification

I hereby authorize, as an authorized signer of the above-referenced payee, the County of Solano, Auditor-Controller's Office to direct deposit all entitled payments and to initiate (if necessary) debit entries or adjustments for any credit entries made in error to the above-referenced bank account.

This authorization will remain in effect until the County has acted on a written request for termination. Such termination must be made in such time and in such manner as to afford the County a reasonable opportunity to act on it. All future payments from the County will be made via direct deposit until such termination. I understand that if my account is closed without providing the County written notice, my payment may be delayed.

13. Print Authorized Representative Name and Title:

14. Payee (or Authorized Representative) Signature:

15. Date:

_____ / ____ / ____

16. Payee (or Authorized Representative) Phone Number: (_____) _____

17. Payee (or Authorized Representative) E-mail Address: _____

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INSTRUCTIONS

HOW TO COMPLETE THIS FORM

1. Payee Name – Must match each of the following:
 - Name on voided check/bank verification letter
 - Name on file with the County
2. Mailing Street Address
3. Mailing City, State and Zip Code
4. Vendor Number (PEID #) – Unique identification number assigned to you by the County. If you do not have this, you may inquire with the department you are doing business with. – 12 digits
5. Payee's Federal Tax Identification Number – Social Security Number (SSN)/ Taxpayer Identification # – 9 digits
6. Direct Deposit E-mail Address – Any issues or questions will be sent to the e-mail address that you have provided.
7. Name of Financial Institution
8. Bank Routing Number – 9 digits
9. Bank Account Number – up to 17 digits
10. Type of Account – Check either Checking **OR** Savings
11. Action – Check either New Enrollment, Change of Information, or Terminate/Cancel Authorization
 - Change of previously authorized information: Complete and submit this entire form, according to instructions, and **circle** the information to be changed.
12. Attachment – Check either Original Voided Check OR Original Bank Verification Letter
 - Bank verification letter must include the bank account number and holder's name; and must be printed on the financial institution's letterhead signed by an authorized bank representative.
 - Copies of the voided check or bank verification letter will not be accepted.
13. Print Name and Title of Authorized Representative – If the payee is an organization, print the Name and Title of the Organization's Authorized Representative.
14. Payee (or Authorized Representative) Signature
15. Date
16. Authorized Representative's Phone Number
17. Authorized Representative's Email Address

GENERAL INFORMATION

Mail the completed direct deposit authorization form and supporting documents to the following address:

County of Solano, Auditor-Controller's Office
675 Texas Street, Suite 2800
Fairfield, CA 94533
Attn: General Accounting

- ✓ The form must be completed without alterations and cross-outs using **blue** ink only.
- ✓ Allow up to 7-10 business days to process this request. Once set up, the first payment will PreNote to validate banking information and once validated you will begin receiving funds electronically.
- ✓ Once banking information is validated, subsequent payments will be disbursed electronically via direct deposit.
- ✓ E-mail us at EFTPayments@solanocounty.com or call 707-784-6280 for direct deposit-related questions.