

SHAWNEE COUNTY KANSAS

ACH VENDOR PAYMENT AUTHORIZATION AGREEMENT

I (we) hereby authorize **SHAWNEE COUNTY** ("COUNTY") to initiate credit entries to transfer funds to my (our)

Checking Account Savings Account (select one) indicated below at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable U.S. law.

Depository Name _____

Routing Number _____ Account Number _____

This authorization shall remain in full force and effect until COUNTY has received notification from me (us) of its termination in writing to Shawnee County, 200 SE 7th St., Room 107, Topeka, KS 66603 that is received at least three (3) days prior to the proposed effective date of the termination of authorization. It is the vendor's responsibility to notify Shawnee County of any Depository Name, Routing Number or Account Number change.

Vendor Name (Please Print) _____

Signature (use /s/ for a digital signature) _____

Notification email _____

Contact Name (Please Print) _____

Telephone number _____ Date _____

Return form by mail to: Shawnee County Clerk, 200 SE 7th, Room 107, Topeka, Kansas 66603

Or by email to: cyndi.beck@snco.us and/or rhonda.praiswater@snco.us