

Employee Authorization Agreement for ACH Credits

Enrollment Form

Lee County is now offering Automated Deposits (ACH Credits) to expedite your payment(s). If you choose to participate in the Automated Deposit Program, you will need to complete the Authorization Agreement for ACH Credits Enrollment Form and submit the completed form, along with a copy of a canceled check (mark void), to the Division of Procurement Management. If you wish to be notified of your ACH deposit details by email please include a valid email address in the space provided below. Your deposit information can also be viewed on your electronic bank statement by notifying your banks ACH department and requesting that addendum information be made viewable for your account. The file format for these payments is known as CTX. Your bank will need this information in order to activate the addendum feature.

Depository Bank Name: City: State: Zip Code: Routing Number: Account Number:

NAME OF DEPOSITOR STREET ADDRESS CITY, STATE		11
PAY TO THE ORDER OF _____		\$ _____
		DOLLARS
NAME OF YOUR BANK payable Through Another Bank		
Fr	C621013.10821: 123 456 735	runi
ROUTING NUMBER	ACCOUNT NUMBER	

Employee Name: Department Name: *Email Address:

* Note: Future email address change requests should be sent to APACH@leeclerk.org

I (We) hereby authorize the Lee County Board of County Commissioners to initiate credit entries and/or correction entries to the financial institution and account number listed above. It is further agreed that if any part of the financial information is incorrect on this form your payment will be delayed until the funds are returned to the County's bank account. If you do not agree with all the above terms and conditions, your ACH Agreement will not be accepted. Please return this form to:

Lee County BOCC
Procurement Management
P.O. Box 398
Fort Myers, FL 33902-0398

<https://www.leegov.com/procurement>

Phone: 239-533-8881
Fax: 239-485-8383

All future changes to the Financial Institution Information you have provided to us will require a new Enrollment Form to be completed and mailed to the above address.

Authorized Signature: Date: Printed Name:

*****Submit a copy of a canceled check along with this form to Procurement Management.