



Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Tax ID or Social Security No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Lee County BoCC

Phone: (239) 533 – CARE (2273)

Attn: LeeCares Procurement Management  
PO Box 398  
Fort Myers, FL 33902

Email: CaresProcurement@leegov.com

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



In order for the ACH Direct Deposit to be processed a voided check must be submitted along with this form. Starter checks will not be accepted.