



OFFICE OF THE COUNTY ADMINISTRATOR
Citrus County Board of County Commissioners
Executive Offices

3600 W. Sovereign Path, Lecanto, FL 34461
Phone: (352) 527-5205 Fax: (352) 527-5204

"We will be a user-friendly and common sense organization dedicated to responsive citizen services."

L 16-07

February 5, 2016

Dear Vendor,

We are in the process of streamlining our business processes in concert with the Clerk of Court's Office to improve efficiency and accuracy.

Consequently, starting July 1, 2016, vendor payments will be deposited directly to your bank account. This means there is no need to wait for the check to come in the mail, and eliminates the possibility of a lost check. The Clerk's Accounts Payable Department will provide confirmation via email when payments are transmitted, ensuring that you have immediate notification.

Please complete the attached authorization form no later than June 1, 2016. Make sure you include:

- Email Address
- Voided Check — if you do not have a voided check to attach to the form, please include a letter from your bank confirming the routing and account number(s).
- Authorized signature.

Once complete, please submit the form with voided check to the Clerk's Accounts Payable department.

MAIL:

Citrus County BOCC
Attn: Accts Payable
110 N. Apopka Avenue
Inverness, FL 34450

EMAIL:

acctspayable@citrusclerk.org

We are confident that you will find direct deposit payments to be a service improvement tool that you will enjoy. If you have any questions regarding this process, please contact the Accounts Payable department at (352) 341-8850.

Sincerely,

Charles R. Oliver

Charles R. Oliver
County Administrator
CO:ds



Authorization Agreement for ACH Credits Enrollment Form

Vendor#: _____

Vendor Name: _____

Address: _____

Contact Name: _____

E-Mail: _____

Phone: _____

Depository Bank Name: _____

Routing Number: _____ Account Number: _____

Please attach a voided check here. If you do not have one, please include a letter from your bank confirming the routing and account number(s).

NAME OF DEPOSITOR STREET ADDRESS CITY, STATE		101
PAY TO THE ORDER OF: _____		\$ _____
		DOLLARS
NAME OF YOUR BANK Payable Through Another Bank		
For _____		
4021001082	123 456 789	0101
ROUTING NUMBER	ACCOUNT NUMBER	

I (We) hereby authorize the Citrus 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, payment will be delayed until the funds are returned to the County's bank account. I understand that any changes to the Financial Institution Information provided will require a new Enrollment Form to be submitted and that not doing so can result in delay of payment.

Authorized by: _____

Print name: _____ Date: _____

ROUTING INSTRUCTIONS:

MAIL:

Citrus County BOCC
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Inverness, FL 34450

EMAIL:

acctspayable@citrusclerk.org