



**HILLSBOROUGH COUNTY  
SHERIFF'S OFFICE**

**ACH PAYMENT AUTHORIZATION FORM**

Vendor payments are made via the Automatic Clearing House (ACH) System. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address also provided below.

**PAYEE INFORMATION:**

Payee Name (Entity Name or Name of Individual) \_\_\_\_\_ SSN/EIN/TIN \_\_\_\_\_

Payee Address \_\_\_\_\_

E-Mail Address (Remittance Notifications) \_\_\_\_\_ Phone Number \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION:**

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

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

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

Type:  Checking (Attach a blank voided check\*) OR  Savings (Attach a blank voided deposit slip\*)

\*Letter of Verification from Financial Institution on letterhead *and* signed may be substituted.

**PAYEE CERTIFICATION:**

By signing this form, I authorize payments to be deposited to the designated account and financial institution named above by the Hillsborough County Sheriff's Office for goods/ services rendered, reimbursements, or other transactions and, if necessary, to initiate debit entries and other adjustments for any entries made in error. This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.

\_\_\_\_\_  
Name (Please Print) Title

\_\_\_\_\_  
Signature Date

Please return completed form and blank voided check/deposit\* slip to Hillsborough County Sheriff's Office, ATTN: Accounts Payable, 2008 East 8th Avenue, Tampa, Florida 33605 or [AccountsPayable@HCSO.Tampa.FL.US](mailto:AccountsPayable@HCSO.Tampa.FL.US).

<b>FSD Use Only</b>	Vendor ABN: _____	RMT #: _____
Entered by: _____	ABN: _____	Date: _____
Verified by: _____	ABN: _____	Date: _____