



PAYMENT AUTHORIZATION FORM

Automated Clearing House (ACH) and HCSO Purchasing Card (PCard) are the accepted methods of payment; please inquire at AccountsPayable@TeamHCSO.com or (813) 247-8276. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address notated for Remittance Notifications.

PAYEE INFORMATION:

Payee Name (Entity Name or Name of Individual)	SSN/EIN/TIN
Payee Remit-To Address	
E-Mail Address (Remittance Notifications)	Phone Number

FINANCIAL INSTITUTION INFORMATION:

Bank Name	Bank 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 your Financial Institution on letterhead and signed may be substituted.*

VISA PCARD PAYMENT INFORMATION:

Visa is accepted as a form of payment without fees to the taxpayers of Hillsborough County: YES NO
 Visa is accepted as a form of payment with fees to the taxpayers of Hillsborough County not to exceed _____%:
 Exception is made to transactions between _____ and _____ at which time fees are not applied to taxpayer funds.

Business Name as appears on Invoice	Credit Card Statement Name
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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 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 This authorization shall remain in full force and effect until withdrawn in writing with sufficient notice to allow adequate time to effect termination.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 or verification letter* to Hillsborough County Sheriff's Office, ATTN: Purchasing, 2008 East 8th Avenue, Tampa, Florida 33605 or Purchasing@HCSO.Tampa.FL.US.