Accounting & Finance Department

Cat Piepho, Director

ACH AUTHORIZATION FORM

Washington County makes payments to all parties by means of electronic payment. Please submit the ACH form and required documents electronically to AF-PaymentMethod@co.washington.mn.us, or you may call the AP team with questions at 651-430-6030.

PAYEE INFORMATION:

Vendor Name: _____ Vendor # (If known): _____

Contact Name: _____

Email Address: _____

Address: _____

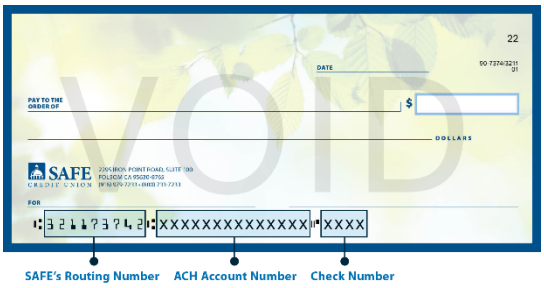
City: _____ State: _____ Zip: _____

Phone Number: ( ) _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Account Type: ☐ Checking ☐ Savings



Bank Routing # (9 – Digits): _____

Account Number: _____

Please provide a canceled or voided check or include a bank confirmation letter from the banking institution with this form.

AUTHORIZATION:

As an authorized signer on the above referenced account, by completing and signing this form, I authorize Washington County to pay/credit the account at the financial institution designated above on or after the indicated date. In the event that the recurring or one-time credit results in error, I authorize Washington County to adjust the debit/withdrawal amount accordingly. This authorization remains in effect until I notify Washington County in writing that I no longer desire this service, allowing them reasonable time to act upon my notification. I understand Washington County has the right to cancel this authorization at any time.

Signature: _____ Date: _____

You may also mail this form with an attached canceled/voided check or bank confirmation letter from your banking institution to the address below with the attention of *Accounting & Finance Department*.

A great place to live, work and play…today and tomorrow