



Submit to: Grayson County Auditor
 P.O. Box 876
 Sherman, TX 75091
 Email: auditor@co.grayson.tx.us

VENDOR DIRECT DEPOSIT AUTHORIZATION

Contact Information

Company Name _____

Business Name (if different) _____

Tax ID / Federal ID _____ (must include this number to process the form)

Contact Name _____

Phone Number _____

Fax Number _____

Email _____

Remit to Address _____

City _____

State _____

Zip Code _____

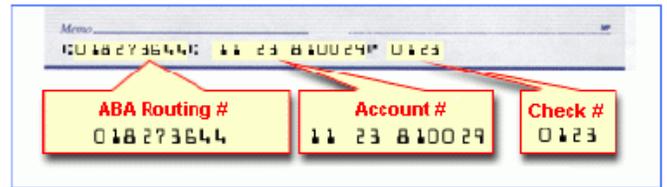
Payment Account Information (for US banks only)

Bank Name _____

Account Type Checking Savings

ABA Routing Number _____

Bank Account Number _____



I hereby authorize Grayson County to deposit by electronic transfer payments owed to me, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Grayson County shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Grayson County's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

 Authorized Signature Printed Name Date

Exemption: I claim exemption and request payment by county check because:

 Authorized Signature Printed Name Date