

**DIRECT CREDIT VENDOR  
PAYMENT AUTHORIZATION**

I, \_\_\_\_\_ (Vendor), hereinafter called VENDOR, hereby authorize **CAMBRIA COUNTY**, (Company) hereinafter called COMPANY, to initiate credit payment entries to my \_\_\_ **Checking** \_\_\_ **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions credited in error.

Vendor Name \_\_\_\_\_  
(RECEIVING FUNDS)

Vendor Tax ID # \_\_\_\_\_

DEPOSITORY  
BANK NAME \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

This authorization will remain in full force and effect until COMPANY has received written notification from VENDOR of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**VENDOR AUTHORIZATION**

Authorized Name \_\_\_\_\_ Tax ID \_\_\_\_\_  
PLEASE PRINT

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

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.**