



## Hillsborough County Board of County Commissioners

### Direct Deposit Payment Authorization

#### Directions

- To sign up for Direct Deposit, the payee is to understand the Terms and Conditions for Direct Deposit Participation and fill in the information requested in Section 1.
- Do not use correction fluid or make handwritten changes.
- Upon completion of Section 1, the payee is to take or mail this form to the payee's financial institution.
- The payee's financial institution is to verify the information in Section 1 and complete Section 2.
- Upon completion, the financial institution is to mail the completed form to the Clerk of the Circuit Court at the address indicated below.
- Payments will be made using the Corporate Trade Exchange (CTX) format with addenda records that provide payment-related information. Payees must make arrangements with their financial institution to receive addenda records.
- Do not submit faxes or copies of this form, only the original completed and signed form will be accepted.
- Payees must inform the Clerk in writing of any changes in the payee's information provided. Assistance is available by calling the Systems Support Department at **(813) 276-8100, extension 3725**.

#### Section 1 (To be completed by Payee) Official E-Mail Address:

Payee Name <i>(Entity Name, or if an individual, Last, First, Middle Initial)</i>	Payee Tax ID Number FEIN _____ (or) SSN _____	
Address <i>(Street, Route, P.O. Box, APO/FPO)</i>	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
City                                  State                                  Zip Code	Is this a new enrollment or a revision? <input type="checkbox"/> New Enrollment <input type="checkbox"/> Revision	
Telephone Number (     )                                  Ext.	Signature	Date
<b>Payee Certification</b> In signing this form, I authorize payments to be sent to the financial institution named below to be deposited to the designated account. I have read and accept the terms and conditions for Direct Deposit Participation.	Printed Name	Title

#### Section 2 (To be completed by Payee's Financial Institution)

Name and Address of Financial Institution	Routing Transit Number	
	Payee's Account Number	
	Payee's Account Title	

#### Financial Institution Certification

I confirm the identity of the above-named payee, the account number and account title. The person signing this form on behalf of the payee is authorized to sign on the account designated above. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit payments in accordance with applicable federal regulations.

Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
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Financial Institution mail completed form to: **Clerk of the Circuit Court  
BOCC Accounting  
P.O. Box 1110  
Tampa, FL 33601-1110**

## **TERMS AND CONDITIONS FOR DIRECT DEPOSIT PARTICIPATION**

### **Please Read This Carefully**

The tax identification and bank account information will remain confidential to the extent provided by law and are needed to make Direct Deposit payments. Failure to provide the requested information will affect the processing of this form and will likely prevent the receipt of payments through Direct Deposit.

This form authorizes the Hillsborough County Clerk of the Circuit Court, as accountant and auditor for the Hillsborough County Board of County Commissioners, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated, at the depository Financial Institution named, and to credit or debit the same from such account. This authority will remain in effect until cancelled in writing. Further, the origination of Automated Clearing House (ACH) transactions to the account must comply with the provisions of state and federal law and regulations.

### **Information Found On Checks**

Most of the information needed to complete Section 1 is printed on your checks. Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.

### **One Cent Prenotification**

We will initiate a one cent prenotification to your financial institution prior to making payments based on this authorization. The prenotification is a transaction to your financial institution for the purpose of verifying the accuracy of the account and transit routing numbers provided and entered into our system. We will also send an e-mail confirming that the prenotification has been sent. Once the 1¢ prenotification is deposited into the account designated on this form, please respond to the e-mail confirming that it has arrived. Vendor payments will not commence until the confirming e-mail has been received by us. If a correction is returned to us by your financial institution, the process will be repeated with the corrected information.

### **Cancellation**

This authorization remains in effect until cancelled by the payee through written notice to the Clerk of the Circuit Court, Systems Support Department, P.O. Box 1110, Tampa, FL, 33601. Upon cancellation by the payee, the payee should also notify the receiving financial institution that the authorization has been cancelled. Hillsborough County and the Clerk of the Circuit Court expressly reserve the right to discontinue Direct Deposit at any time.

This authorization may be cancelled by the financial institution by providing the payee a written notice 30 days in advance of the cancellation date. However, a cancellation by the financial institution for reason of fraud shall be effective immediately. The payee must immediately advise the Clerk of the Circuit Court if the authorization is cancelled by the financial institution.

Violation of these terms and conditions may cause termination of participation in Direct Deposit.

### **Financial Institution Information and Certification**

Provide the exact format of the payee's account number and account title as it appears in the records of the financial institution.

If the financial institution acts as an agent for the payee and the accounts are not checking or savings accounts, the payee and financial institution should provide explicit written instructions (unique prefix, alpha character, etc.) as an attachment to the authorization form. The Bank Representative may make corrections on the authorization form, in ink, and then, sign the form attesting to the accuracy of the information.

### **Changing Receiving Financial Institutions**

The payee's direct deposit authorization will remain in effect until withdrawn in writing with sufficient notice to the Clerk of the Circuit Court to allow adequate time to effect termination. Neither the Clerk of the Circuit Court nor the Board of County Commissioners will be responsible for any loss which may arise solely be reason of error, mistake or fraud regarding information provided on this Direct Deposit Payment Authorization form.

The payee may change the financial institution receiving the direct deposit. To effect this change, notification of the change must be made in writing to the Clerk of the Circuit Court by the payee, or an authorized representative. Changes to account information will cause the original authorization to be immediately inactivated. A new Direct Deposit Payment Authorization form must be completed with the new information and verified by the new financial institution. It is recommended that the payee maintain the previously authorized account until the transition is complete, i.e., after the payee verifies receipt of the direct deposit payment in accordance with the new authorization instructions.

### **False Statements or Fraudulent Claims**

Anyone who misrepresents or falsifies essential information to receive payment may upon conviction be subject to fine and imprisonment under applicable Federal and State laws. Federal law provides a fine or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.