Georgia Department of Community Affairs

VENDOR AUTHORIZATION AGREEMENT FOR ACH PAYMENT

Directions

- Type or print the information requested in Sections 1 and 2. Then sign, date, and return the form with your Vendor package.
- Any account changes must be reported to DCA within ten (10) days prior to actual change. A payee must keep DCA informed of any address changes in order to receive important information about benefits and to remain qualified for payments. Please refer to the application instructions, if applicable.

Section 1 - Entity to Receive Direct Deposit

Type of Transaction: ☐ Add ☐ Change ☐ Delete

Name of Company OR Individual | County | Telephone

Street Address | City | State | Zip

Contact Person Email

9-digit Federal Tax ID

Section 2 - Financial Institution Authorized to Conduct Transaction

Financial Institution | County | Telephone

Street Address | City | State | Zip

9-digit Transit Routing/ABA Number

Type of Account ☐ Checking ☐ Savings

Account Number at Above Institution

Whereby we authorize DCA to initiate credit entries to our account in the financial institution our account identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.

This authority is to remain in effect until revoked by us in writing to DCA.

Signature | Title

Type or Print Name | Date

For DCA use only Date Received_____ Date Entered_____ Initials_____