

**COUNTY OF VOLUSIA  
Electronic Payment Agreement**

**TERMS AND CONDITONS FOR ELECTRONIC PAYMENTS**

Your signature on Page 2 of this document confirms your company's acceptance of payment by the County of Volusia through Electronic Fund Transfer (EFT) and that the County can rely exclusively on the information provided by your company.

**The County of Volusia will initiate payment to your company based on the following:**

1. The electronic funds transfer will be made to the financial institution and account number designated on the enrollment form (Page 2).
2. All entries initiated hereunder are to be governed in all respects by the rules of the Automated Clearinghouse in Atlanta now or hereafter in effect.
3. The information you provide on the form is very important. An authorized representative of your Company must communicate any change in the information to the County in writing in time to allow the County to respond to the change. The County will not be responsible for any loss, which may arise solely by reason of error, mistake or fraud regarding this information.
4. The County has the right to adjust future payments under the applicable purchase order, price agreement or contract if previous payments are found to be duplicate, excessive, fraudulent or in error. By your signature on the enrollment form you authorize the Financial Institution to accept and to credit or debit the amount of such entries to your account.
5. The County is responsible for making all payments under the applicable purchase order, price agreement, or contract subject to payment procedures stated in this Agreement. The County is responsible up to the point where the financial institution you designate receives or has control of the transaction. Any loss of data at that point will be borne by you unless the loss is due to sole negligence of the County or its originating bank.
6. Electronic Fund Transfers can be terminated by either party provided thirty (30) days advance notification is given in writing. Otherwise the County will continue to make electronic payments to your company as specified.

***Form must be submitted to:***

***County of Volusia, Financial Services, Accounting, Attention: EFT Contact, Room 302, 123 W. Indiana Ave, DeLand, FL 32720***

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To print this form – please set properties  
To LANDSCAPE

<b>ACCOUNTING USE ONLY</b>
Our Vendor #: _____

I/We hereby authorize electronic credit payments to my/our Bank Account as indicated below and within the terms of your purchase order or contract and per certain specific terms/conditions for electronic payments as described on page 1 of this document.

YOUR COMPANY	YOUR FINANCIAL INSTITUTION
Name:	Bank ABA Routing #: (9 digits)
Address:	Account Number to Receive Payments:
	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
	Name on Account:
	Bank Name:
Contact Person:	Address:
Telephone Number: (        )	
IRS Taxpayer ID #:	Bank Contact Person:
- or -	
Social Security #:	Telephone: (        )

TO BE COMPLETED BY COMPANY REPRESENTATIVE
I hereby affirm that I am an owner, officer, or authorized agent for the above company.
Signature: _____ Date: _____
Print Name: _____ Title: _____

TO BE COMPLETED BY NOTARY PUBLIC
Subscribed and Sworn to before me this _____ day of _____, _____
_____ Notary Public
Commission Expires: _____ Printed Name of Notary _____

Return to: County of Volusia, Financial Services, Accounting, Attention EFT Contact, Room 302, 123 W Indiana Ave, DeLand, FL 32720