



ACH / Direct Deposit Enrollment Form

The Direct Deposit Plan is **free** and has proven to be a dependable and convenient vendor payment option. Vendors will experience a fast and easy way to receive payments from Sibley County. A remittance advice will be sent to vendors being paid through the Automatic Clearing House (ACH) payment system.

Account Information (PLEASE PRINT LEGIBLY):

Name on Account: _____

Bank Routing Number: _____

Account Number: _____

Account Type: Checking Savings Other _____

Bank Name: _____

Bank Address: _____

Please include a voided check or deposit ticket for account verification. If you need assistance with Account Information, please contact your bank.

Remittance Email Address (PLEASE PRINT LEGIBLY):

Email Address: _____

Authorized Representative Signature:

By signing below, I understand the above information and instructions will stay in effect until I notify the Sibley County Auditor *in writing* to discontinue or to change the above information and instructions; and I hereby authorized the Sibley County Treasurer to transfer funds directly to my bank account using the ACH payment system.

Signature of Authorized Representative (Vendor)

Date

Phone Number

Return Completed & Signed Form To:

Mail:
Sibley County Auditor
400 Court Avenue, PO Box 171
Gaylord, MN 55334

Scan & Email:
finance@co.sibley.mn.us

Fax:
(507) 237-4073
Phone:
(507) 237-4070