



ROB WILLARD

PLATTE COUNTY TREASURER

Administrative Building
415 Third Street, Room 117
Platte City, MO 64079-8477

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E-mail: rob.willard@co.platte.mo.us

AUTHORIZATION FORM DIRECT DEPOSIT OF VENDOR PAYMENT

ENTITY INFORMATION:

Entity Name: _____
Entity Address: _____
Contact Name: _____
Contact Telephone #: _____
Contact Fax #: _____
Contact Email Address: _____

CHECK APPLICABLE ELECTION:

_____ New participant (complete and sign this form)
_____ Change of accounts and/or financial institution (complete and sign this form)
_____ Cancel participation (sign form)

FINANCIAL INSTITUTION INFORMATION:

Name: _____
Address: _____
Account Name: _____
Account Number: _____
Routing Number: _____
Account Type: _____ Checking _____ Savings

**FOR VERIFICATION OF FINANCIAL INSTITUTION ACCOUNT INFORMATION
PLEASE ATTACH A VOIDED CHECK OR DEPOSIT TICKET
PLEASE EMAIL COMPLETED FORM TO treasurer@co.platte.mo.us**

AUTHORIZATION STATEMENT:

I hereby authorize Platte County Treasurer and the Financial Institution above to deposit my disbursement electronically to my account. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I acknowledge that the origination of any ACH transaction to my account must comply with the provisions of U.S. law.

(Signature)

(Date)