



Submit to: Grayson County Auditor  
 Sherman, TX 75090  
 100 W. Houston St.  
 Email: [auditor@co.grayson.tx.us](mailto:auditor@co.grayson.tx.us)  
 Fax: 903-893-2707

## VENDOR DIRECT DEPOSIT AUTHORIZATION

### Contact Information

Company Name \_\_\_\_\_

Business Name (if different) \_\_\_\_\_

Tax ID / Federal ID \_\_\_\_\_ (must include this number to process the form)

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Remit to Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

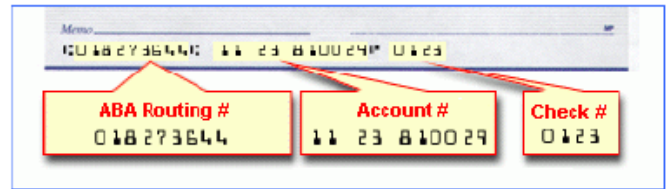
### Payment Account Information (for US banks only)

Bank Name \_\_\_\_\_

Account Type  Checking  Savings

ABA Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_



I hereby authorize Grayson County to deposit by electronic transfer payments owed to me, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Grayson County shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and Grayson County's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

\_\_\_\_\_  
 Authorized Signature Printed Name Date

**Exemption:** I claim exemption and request payment by county check because:

\_\_\_\_\_  
 Authorized Signature Printed Name Date