

**Southwest Florida Water Management District
Finance Bureau – Accounts Payable**

Vendor Electronic Payment Authorization
(Please refer to instructions attached to this form.)

Section 1: Transaction Type		
<input type="checkbox"/> New Request	<input type="checkbox"/> Change Account Information	
Section 2: Payee Information		
Federal Employer's Identification Number or Social Security number:		
Business Name:		
Mailing Address:		
City:	State:	Zip:
Contact Person:		
Phone Number:	Fax Number:	
Email Address for Remittance Advices:		
Section 3: Direct Deposit Account Information		
<i>I authorize the Southwest Florida Water Management District to initiate credit entries and, if necessary, a debit entry in order to reverse a credit entry made in error in accordance with NACHA rules. I authorize these payment instructions and accept the terms and conditions for Electronic Funds Transfer payments printed with this form.</i>		
Authorized Signature:	Date:	
Printed Name:	Title:	
Financial Institution Name:		
Type of Account:	<input type="checkbox"/> checking <i>(attach a copy of voided check or verifying document)</i>	
	<input type="checkbox"/> savings <i>(attach a copy of a deposit slip or verifying document)</i>	
Account Name:		
Bank's ABA (routing) Number:	Bank Account Number:	
<p align="center">Mail the ORIGINAL form to:</p> <p align="center">ATTN: Accounts Payable Lead Southwest Florida Water Management District 2379 Broad Street Brooksville, FL 34604-6899</p>		
<< DISTRICT USE ONLY >>		
Date Received by Finance:	Date Entered to System:	VC #:
Acknowledgement sent to email address provided and Accounts Payable staff notified:		
Comments:		

**Southwest Florida Water Management District
Finance Bureau – Accounts Payable**

Instructions for Electronic Payment Authorization

(Please contact us at (352) 796-7211, extension 4108, if you have any questions or need assistance.)

This form is for registered Vendors of the District who wish to receive payments electronically for goods or services provided.

Section 1: Transaction Type

- Indicate whether this request is new or to make a change to existing information.

Section 2: Payee Information

- Taxpayer Identification Number (*Federal Employer's Identification Number or Social Security number*) must be provided to ensure proper identification of the payee. *NOTE: The Taxpayer ID Number you provide will only be used for the purpose of complying with filing requirements imposed by the Internal Revenue Code and Section 119.071(5)(a)7, Florida Statutes.*
- The Business Name provided must match the Payee name that is registered in the District's vendor system for payments to be sent electronically.
- Please provide your company address that is required for payments.
- The name and phone number of a Contact Person is required.
- An email address must be provided for receipt of the EFT remittance notification that will be sent on the date each payment is processed.

Section 3: Direct Deposit Account Information

- The signer of this form must be an authorized signer on the account that is identified.
- Please be sure to enter the date.
- Print signer's name and title.
- Provide name of financial institution/bank.
- Indicate the bank account type (checking or savings).
- Attach a voided check, deposit slip, letter from bank or company bank details fact sheet.
- Provide the Account Name.
- Provide the Bank's ABA (9-digit routing) number.
- Provide your company's bank account number.

SEND THE ORIGINAL COMPLETED FORM WITH ATTACHMENT BY US MAIL

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TERMS AND CONDITIONS

Processing time will be several weeks following receipt of the original of a completed form. Notification will be sent to the email provided on the form to inform of the date the electronic payments become effective.

This authorization will remain in effect until terminated in writing (email or letter) with sufficient notice to the District to allow adequate time to effect termination. The District will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may change the information on this form by submitting a new form with the change information identified. Changes to account information will cause the original authorization to be inactivated immediately, which may result in issuance of a check for the next scheduled payment.

This form authorizes the District to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. Such entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

The District does not send payments electronically to financial institutions outside the United States.