

# Automated Clearing House (ACH) Authorization Agreement

## Instructions for Suppliers

**All fields are mandatory.**

Submitting this form authorizes King County to deposit electronic payments directly into your bank account.

Suppliers must sign and complete sections 1-3 and return the form to their King County agency contact.

Forms are typically processed in 10 business days after receipt by King County FBOD.

Incorrect / incomplete forms will be destroyed, unprocessed, in a secure manner. The submitting King County agency will be notified.

**Please print clearly.** Illegible forms will not be processed.

**Return this form** to your designated King County agency contact.



Where are my routing and account numbers?

## Instructions for King County Agencies

King County agencies must sign and complete section 4 after verifying supplier information.

Incomplete forms will not be processed and will be destroyed in a secure manner.

Please select one or more of the uses available for the account

- Regular ACH is used for general payment
- E-Giving ACH are restricted for use by the Employee Giving Program
- ERS ACH must have prior permission before selection

Submit this form to:

[procurement.web@kingcounty.gov](mailto:procurement.web@kingcounty.gov)  
 KSC-ES-0716  
 (206) 296-7676 - fax

## 1 Suppliers Remit To Information

payee name (must match King County Supplier Record) federal tax ID number (SSN or EIN)

chain organization or DBA (if applicable)

street address/ PO suite / apartment (if applicable)

city state Zip

email (for remittance advice / payment notifications)

## 2 Depository Institution Information

account owner name

depository institution

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routing number

bank account number

- checking  
 savings

account type

## 3 Supplier Authorization Acknowledgement

I, the undersigned Supplier, hereby authorize King County (hereinafter referred to as the County) to make payment for goods and services covered by an agreement by using, at the County's option, Automated Clearing House (ACH). I agree to provide the County with written notification of any change in my depository institution, payment instructions, or remittance data instructions by submitting this form with revisions at least ten (10) business days (2 calendar weeks) in advance of changes. In the event of duplicate or fraudulent payment, overpayment, or any payment made in error, I agree to return payment to the County upon discovery or after the County provides sufficient information to support its claim. I accept that payment made to an incorrect account as listed above are timely and complete for any invoiced goods and services

name and title

signature

date

## 4 FOR KING COUNTY USE ONLY

I, the undersigned King County employee, do attest that I have completed [ACH verification training](#) prior to providing the form to the supplier and personally called the supplier to verify the supplier's banking information and tax ID at a phone number known to be valid independent of the ACH form submission path.

signature of King County employee

date verified

King County employee (printed name)

agency

name of supplier representative I spoke with

phone number used

Select one or more uses for this bank account.

- Regular ACH     E-Giving ACH     ERS \_\_\_\_\_ ACH