

# Muskegon County

Accounting Services  
141 E Apple Ave  
Muskegon, MI 49442



Phone: (231) 724-3544  
Fax: (231) 724-4459  
E-mail: Accounting.AccountsPayable@co.muskegon.mi.us

Dear Vendor:

We appreciate your interest in receiving payment(s) from Muskegon County electronically. ACH payments are easy, convenient, and we safeguard your bank information. To participate, please fill out the form below and forward it to the County's accounting team. You can use this form if you would like to begin electronic payments to your checking or savings account. In addition to this form, please include a copy of a voided check or deposit slip. Allow up to 14 days for your request to be processed. Please e-mail (Accounting.AccountsPayable@co.muskegon.mi.us) or call, (231) 724-6206, with any questions you may have about automatic payments.

County of Muskegon, Accounting Services

## Authorization for Direct Deposit (ACH) Payment(s)

### Name and Address as it appears on the Bank Account

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

### Payment Details:

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

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ **Checking**

\_\_\_\_\_ **Savings**

**Upon Completion, Mail To:**  
**Muskegon County**  
**Accounting Services**  
**141 E Apple Ave**  
**Muskegon, MI 49442**

\_\_\_\_\_ I hereby authorize the County of Muskegon to electronically credit the account, and, if necessary, to electronically debit the account to correct erroneous credits, at the financial institution indicated above. Transactions will be completed according to payment details provided above. Michigan Law governs fund transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law. I agree that ACH transactions I authorize comply with all applicable laws.

\_\_\_\_\_ **I understand this authorization will remain in full force and effect until I notify the County of Muskegon, Accounting Services in writing that I wish to revoke this authorization. Furthermore, I understand that Muskegon County, Accounting Services requires at least 14 days to process my request. IF A PAYMENT IS RETURNED DUE TO AN ERROR NOT CAUSED BY THE COUNTY OF MUSKEGON OR ITS BANK, I UNDERSTAND I AM RESPONSIBLE FOR THE RESULTING FEES, UP TO \$35. AFTER THREE (3) RETURNED PAYMENTS TO MUSKEGON COUNTY, THE ACH AGREEMENT WILL BE PROMPTLY CANCELED.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only
Received by: _____
Date Received: _____