

County of San Bernardino
FAS VENDOR DIRECT DEPOSIT AGREEMENT

CHECK ONE: New Amended Cancel

E-mail Address(es) (MANDATORY)

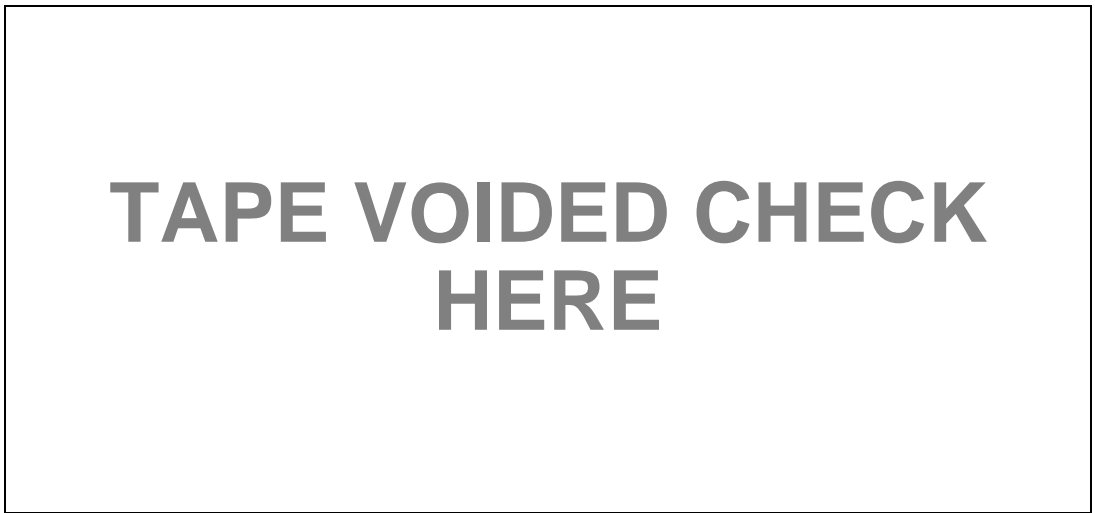
REMITTANCE ADDRESS

Name		
Address Line 1		
Address Line 2		
City	State	Zip
Federal Tax ID/ Social Security #		

CHECKING ACCOUNT INFORMATION

Bank Name	Acct Name (as on stmt)	
Bank Address1		
Bank Address2		
City	State	Zip
ABA (Routing #)	Account Number	

Contact Name	Telephone ()
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I am authorized by the organization listed above to approve deposits (credits) and/or corrections to the previous credits to the organization's account listed above. I hereby authorize the County of San Bernardino to initiate deposits (credits) and/or corrections to the previous credits to the financial institution indicated herein. The financial institution is authorized to credit and/or correct the amounts to this organization's account. This authority will remain in full force and effect until the County has received written notification from our organization in the form of a new Agreement, canceling this Agreement in such time and such manner as to afford the County and the depositor a reasonable opportunity to act on it. ***(No mark outs or alterations to this paragraph will be accepted.)***

Name (Print)	Title	Telephone ()
Signature	Company	Date

Vendor Code

Mail to: Auditor/Controller-Recorder
 Accounts Payable Section
 222 West Hospitality Lane
 San Bernardino, CA 92415-0018