

ST LUCIE COUNTY BOCC

PLEASE PRINT OR TYPE
COMPLETE FORM AND RETURN TO FINANCE DEPARTMENT

DIRECT DEPOSIT AUTHORIZATION FORM

VENDOR NAME	ADDRESS:
BANK NAME:	ROUTING NUMBER
COUNTY IN WHICH BANK LOCATED:	ACCOUNT NUMBER
VENDOR PHONE NUMBER	TYPE OF ACCOUNT CHECKING ____ SAVINGS ____

I hereby authorize St Lucie County to initiate direct deposit credit entries.

This authority is to remain in full force and effect until St Lucie County has received written notification from me of its termination in such time and in such manner as to afford St Lucie County and the financial institution named above a reasonable opportunity to act on it.

PLEASE ATTACH A COPY OF A VOIDED CHECK

VENDOR SIGNATURE: _____	
DATE: _____	PRINTED NAME _____

PLEASE NOTE: THE DEPOSIT WILL BE POSTED IN THREE BUSINESS DAYS FROM ISSUANCE OF THE ADVICE

PLEASE PROVIDE YOUR E-MAIL ADDRESS TO RECEIVE A DIRECT DEPOSIT ADVICE

E-MAIL ADDRESS: _____

RETURN FORM TO ST LUCIE COUNTY FINANCE DEPARTMENT EITHER BY MAIL, FAX OR E-MAIL
E-MAIL: boltzc@stlucieclerk.com or FAX: 772-462-1614

St Lucie County BOCC
Finance Department
2300 Virginia Ave.
Fort Pierce, FL 34987

SLC Finance USE ONLY