



CLACKAMAS COUNTY AND AGENCIES  
VENDOR ACH AUTHORIZATION AGREEMENT

Complete this form to start, change, or cancel ACH payments with Clackamas County and any of the following entities: Water Environment Services, North Clackamas Parks and Recreation District, the Development Agency of Clackamas County, and any other component unit of Clackamas County (collectively referred to as "County"). Automated Clearing House ("ACH") is the deposit of funds into a vendor's bank account. This ACH Form is for starting, changing, or canceling of ACH payments with Clackamas County.

**Action:** ☐ START ☐ CHANGE ☐ DEACTIVATE

**Vendor Information**

Vendor Name:		Phone Number:	
Street/PO Box:			
City:		State:	Zip:
Vendor Email- Deposit Advice will be sent to:			
Last 4 digits of Social Security Number <b>OR</b> Tax Reporting Number:			

**Financial Institution Information**

Bank Name:		Name on Account:	
Account #:		Routing #:	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>			

**Authorization**

I authorize Clackamas County ("County"), either directly or through its bank (U.S. Bank National Association), to deposit payment for goods or services provided to the County directly into my account at the financial institution listed above, which may only be an institution in the United States. Deposit advice will be emailed to the Vendor Email provided above. If the County erroneously deposits funds into said account, I authorize the County and the financial institution to initiate the transaction(s) necessary to correct the effort. This authorization will remain in effect until the County has received written notification from me of its termination and the County has had reasonable opportunity to act upon it. I understand that the County is relying on the accuracy of account information provided and the County will not be held responsible if the information on this Form is inaccurate.	
Print Name of Authorizing Official:	
Authorizer's Signature:	Date:

**PLEASE SUBMIT THIS COMPLETED FORM TO: [Finance-VendorMaintenance@clackamas.us](mailto:Finance-VendorMaintenance@clackamas.us)**

The completed Form may also be mailed to:

Clackamas County Accounts Payable, 2051 Kaen Road Ste 490, Oregon City, OR 97045

Questions, please call: **503-742-5400**

INTERNAL USE ONLY		
Vendor ID #	Date Processed:	Accounts Payable Initials: