

**NUECES COUNTY, TEXAS
ACCOUNTS PAYABLE FORM
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Name: _____ Vendor No.: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

Please check the appropriate box:

New Enrollment Change Bank or Account for Direct Deposit

Other Change (please specify) _____

The Nueces County direct deposit program allows deposit into a checking or savings account at 100%.

ATTACH VOIDED CHECK AND COMPLETE THE FOLLOWING

CHECKING

Depository Name _____ Branch _____

Depository ABA No. _____ Account No: _____

OR

SAVINGS

Depository Name _____ Branch _____

Depository ABA No. _____ Account No: _____

(Signature Required on Reverse)

**NUECES COUNTY, TEXAS
ACCOUNTS PAYABLE FORM
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT - CONTINUED**

For the purpose of direct deposit of accounts payable expense checks only, I hereby authorize Nueces County Auditor's Office A/P Department and the depository named to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to the depository account on this form. This authority remains in effect for as long as I receive payments from Nueces County, Texas. I will give written notice for any changes in bank or account information.

I understand that notice of changes or new enrollment must be received by the Auditor's Office twenty (20) days prior to payment due date to be effective by that due date. This allows sufficient time to run a test transaction. I will not close my current bank account until the new direct deposit agreement takes effect.

I understand that Nueces County will exercise reasonable care in the performance of this service, and I agree to indemnify and hold Nueces County harmless from any claims, liabilities, or expenses incident to the direct deposit of my payment due to failure of a depository to post any credit on my account, including any claim based on alleged loss as a result of the rejection of any check drawn on my account(s) because of insufficient funds.

I agree that any loss suffered by Nueces County, which I am obligated to pay under the terms of this indemnity, may be withheld from my payment following the date the amount of such obligation has been determined by the County Auditor. For example, when bank charges are incurred when a vendor has closed his or her bank account and the County is charged for a direct deposit rejection. I agree that this obligation may be paid out of sums that may be due to me by Nueces County.

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Questions? Call the Nueces County Accounts Payable Division at 888-0693 or 888-0614.

Mail or fax this agreement and your voided check to:

(361) 888-0584 Fax

or

Nueces County Accounts Payable
901 Leopard Rm 304
Corpus Christi, TX 78401

ACCOUNTS PAYABLE USE ONLY

Pre Notification Date: _____ First Direct Deposit: _____