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HAMILTON COUNTY AUDITOR



HAMILTON COUNTY AUDITOR'S OFFICE  
138 E. Court St., Cincinnati, OH 45202  
www.HamiltonCountyAuditor.org

### AUTHORIZATION AGREEMENT FOR CANCELLATION OF EFT/DIRECT DEPOSIT

**ATTENTION:** Please complete the form to authorize cancellation of payment via direct deposit.  
Additional instructions provided on page 2. Future payments will be processed via check.  
Original form with handwritten (non-typed) signature required for processing.  
Electronic authorizations will not be accepted.

**Vendor Information:** Vendor Name and Taxpayer ID Number should match the County's vendor record.

Vendor Name (Business or Individual): \_\_\_\_\_  
Vendor Federal Taxpayer ID Number (FEIN or SSN): \_\_\_\_\_  
Remit Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Remit Email Address (for remittance notice): \_\_\_\_\_

**Bank Account to Cancel:**

Financial Institution/ Bank Name: \_\_\_\_\_  
Routing (ABA) Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
\_\_\_\_\_

**Vendor Authorization:**

I hereby authorize the County of Hamilton, Ohio (County), to cancel payment via direct deposit to the account noted above. I understand that future payments will be processed via check.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Contact Email Address (if different from above): \_\_\_\_\_  
**Handwritten** (non-typed) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COUNTY USE ONLY**

Request confirmed by Vendor contact below. Payment via EFT/Direct Deposit is cancelled.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dept. \_\_\_\_ Date: \_\_\_\_\_  
Vendor Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

AUTHORIZATION AGREEMENT FOR CANCELLATION OF EFT/DIRECT DEPOSIT  
INSTRUCTIONS

1. VENDOR INFORMATION

PRINT CLEARLY the name (business or individual), federal taxpayer ID number (FEIN or Social Security Number), remit mailing address and email address for the vendor. Vendor name and taxpayer ID number should match those on the County's vendor record. Please provide additional contact information, if applicable, to assist our department should follow-up be necessary.

2. FINANCIAL INSTITUTION INFORMATION

Complete the financial institution information for the account to cancel. Future payments will be processed via check. If you wish to receive payment via EFT/direct deposit to a new account, use the **Authorization Agreement for EFT/Direct Deposit of Vendor Payments** form available from your Hamilton County agency contact.

3. VENDOR AUTHORIZATION

PRINT CLEARLY the name and title, if applicable, of the person authorizing cancellation of the account. Sign and date to authorize cancellation of payment via EFT/direct deposit. **A handwritten, non-typed signature is required. Forms submitted with typed or electronic signature will not be processed.**

4. GENERAL INFORMATION

**ORIGINAL** form **MUST** be mailed or hand delivered to the Hamilton County agency with which business will be conducted. Processing delays will occur if forms are sent to the Hamilton County Auditor's Office without Hamilton County agency verification.

Cancellation of direct deposit requires 5-7 business days after receipt of form with proper documentation and authorization.