

Southwest Florida Water Management District

ELECTRONIC PAYMENT AUTHORIZATION

Please complete this form and return to:

Finance Administrative Supervisor
Southwest Florida Water Management District
2379 Broad Street
Brooksville, Florida 34604-6899
352-796-7211, Extension 4121

PAYEE INFORMATION:

Federal Employer Identification Number (FEIN):
Vendor Name and Address:
Contact Person:
Phone Number:
FAX Number:
E-mail Address:

EFT FINANCIAL INSTITUTION INFORMATION:

Bank's ABA (routing) Number:
Bank Account Number:
Bank Account Type: Checking _____ Savings _____
Account Name: _____
Name and complete address of Bank or financial institution:
Bank Phone Number:
Type of file format required by Bank or financial institution, if applicable: 01 – PPD _____ 02 – CCD+ _____

These payment instructions are authorized, and the terms and conditions for Electronic Funds Transfer payments on the reverse of this form are accepted by:

Printed Name:

_____ <i>signature/title</i> _____ <i>date</i>

A signed letter on your bank's letterhead verifying your account information must be attached to this request. The letter also must verify that the person signing this Electronic Payment Authorization form is authorized to sign on the account listed. A sample format letter is provided to assist your bank with preparation of this letter.

ORIGINALS of both this form and the bank's letter must be returned to the address above. **NO FAXES WILL BE ACCEPTED.**

VENDOR

**Southwest Florida Water Management District
ELECTRONIC PAYMENT AUTHORIZATION**

INSTRUCTIONS

This form is for Vendors of the Southwest Florida Water Management District (District) who wish to request payments by electronic funds transfer for goods or services provided to the District.

- All information provided on this form must be complete.
- It is important that the address and phone number for your Bank or financial institution be included.
- The accuracy of the information provided regarding your financial institution's routing number and your account number is critical to ensure that funds are routed correctly. Please confirm these numbers with your financial institution's operations manager.
- Your financial institution must prepare a verification letter on their letterhead to be attached to this request. Please provide the "Sample Letter for Transmittal" to your financial institution for reference in creating this letter.
- Please provide the e-mail address for receipt of the EFT remittance notification.

TERMS AND CONDITIONS

This authorization will remain in effect until withdrawn in writing with sufficient notice to the District to allow adequate time to effect termination. The District will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this Electronic Payment Authorization form. Only an authorized representative of the payee may make changes to the information on this form in writing. Changes to account information will cause the original authorization to be immediately inactivated.

This form authorizes the District to initiate credit entries and, if necessary, a reversing entry in accordance with NACHA rules Article II, Sections 2.4 and 2.5 in order to correct a credit entry made in error. Such entry is not made without prior notice to the payee and only if the entire amount of the payment is not due to the payee. Such reversing entry can be initiated only within five (5) banking days of the deposit effective date.

Sample Letter for transmittal from bank personnel to Southwest Florida
Water Management District, Finance Administrative Supervisor.

Completed Letter Must Be Attached to Electronic Payment
Authorization Form

MUST BE ON FINANCIAL INSTITUTION'S LETTERHEAD

(Date)

Finance Administrative Supervisor
Southwest Florida Water Management District
2379 Broad Street
Brooksville, Florida 34604-6899

To Whom It May Concern:

I have verified that the account and transit-routing numbers provided on the
attached Southwest Florida Water Management District Electronic Payment
Authorization form for ____(insert name of payee from authorization form)____ are
correct.

I have further verified that ____(insert name of person whose signature appears on the
authorization form)____ is authorized to sign on the account provided and that this
is ____(his/her)____ signature.

If you have any questions, please call me at ____(telephone number)____.

Sincerely,

(Signature of Bank Officer)
(Printed Name of Bank Officer)
(Title of Bank Officer)