



**ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT**

PLEASE TYPE OR PRINT LEGIBLY

Vendor Name _____

DBA,%, ATTN _____

Remit Address _____

City, State Zip + 4 _____

Fiscal Contact _____

Phone Number _____

Email (REQUIRED)* _____

*EFT remittance notices are emailed once payment has been processed.

****An ORIGINAL voided check or SIGNED ORIGINAL bank document must accompany this completed agreement verifying the bank name, account holder name, routing number, and account number. Deficient or incomplete submissions will not be accepted.****

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. If the financial institution is unable to make the correction, the amount in question will be immediately remedied by means of a check made payable to the Franklin County Treasurer. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County in writing whenever there is any change in the account information, including any change in the routing or account numbers.

Printed Name: _____

Signature: _____ Date: _____

FOR ORIGININATION AGENCY USE ONLY	
VENDOR:	FISCAL CONTACT:
AGENCY NAME:	PHONE:



ACCOUNTS PAYABLE
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PLEASE TYPE OR PRINT LEGIBLY

Vendor Name: Women's Small Business Accelerator, Inc.
DBA,%, ATTN: Mary McCarthy
Remit Address: 2025 Riverside Drive
City, State Zip + 4: Columbus, OH 43221
Fiscal Contact: Mary McCarthy
Phone Number: 614-414-2449
Email (REQUIRED)*: mary@wsbaohio.org

*EFT remittance notices are emailed once payment has been processed.

An ORIGINAL voided check or SIGNED ORIGINAL bank document must accompany this completed agreement verifying the bank name, account holder name, routing number, and account number. Deficient or incomplete submissions will not be accepted.

Financial Institution: Key Bank
Routing Number: 041001039
Account Number: 359681534756

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. If the financial institution is unable to make the correction, the amount in question will be immediately remedied by means of a check made payable to the Franklin County Treasurer. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County in writing whenever there is any change in the account information, including any change in the routing or account numbers.

Printed Name: Mary McCarthy

Signature: Mary McCarthy Date: 7.17.19

Table with 2 columns and 2 rows for agency use only. Vendor: 289232, Fiscal Contact: LaGrieta Holloway, Agency Name: BOC, Phone: 6104

KeyBank National Association
1-800-KEY2YOU Key.com

5100

56-64/440
464

WOMEN'S SMALL BUSINESS ACCELERATOR
2025 RIVERSIDE DR., STE 101
COLUMBUS, OH 43221

PAY TO THE
ORDER OF

\$

DOLLARS

MEMO

AUTHORIZED SIGNATURE

⑈005100⑈ ⑆041800642⑆ 359681909584⑈

WOMEN'S SMALL BUSINESS ACCELERATOR

5100

WOMEN'S SMALL BUSINESS ACCELERATOR

5100

SOLD

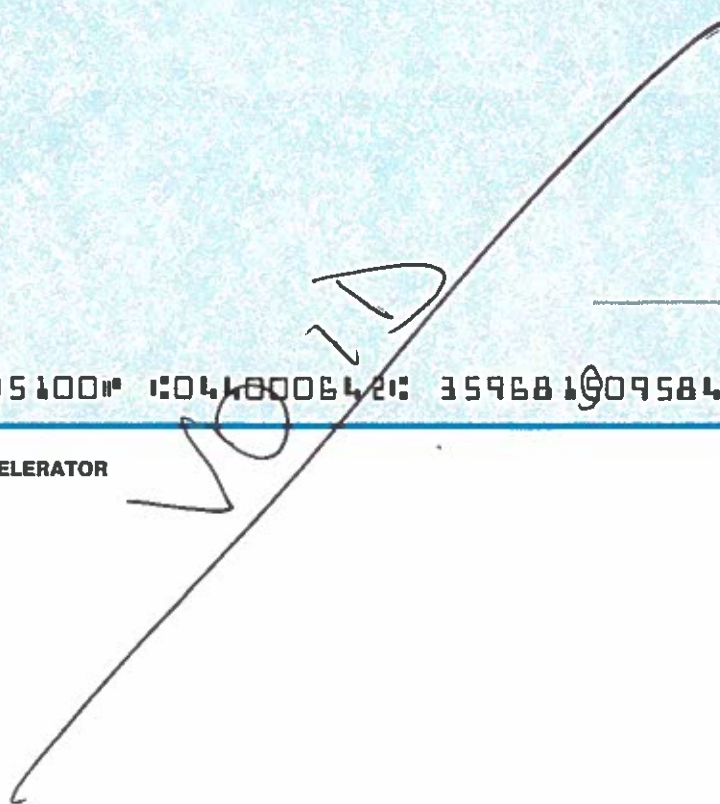


Photo Safe Deposit