



I-PAYABLES (ACH) ELECTRONIC PAYMENTS

STANISLAUS COUNTY AUDITOR-CONTROLLER
1010 10TH STREET, SUITE 5100
MODESTO, CA 95354

Auditor's Office Use Only
Vendor # _____

Thank you for your interest in accepting electronic payments (I-Payables) from Stanislaus County. By registering for I-Payables, you authorize the County of Stanislaus to directly deposit your invoice payments to your bank account.

Please fill out the Direct Deposit, Remittance and Authorization sections and mail the registration form to the address below or send a scanned copy of the registration form to our e-mail address, AC-AccountsPayable@stancounty.com . For questions, feel free to contact our office at 209-525-6405 between 8 am and 5 pm.

I. Direct Deposit

Please provide your bank's ABA number and the number of the checking or savings account to which we should deposit payments. Use the sample check at the bottom of this form to locate this information on the MICR line of one of your checks.

Bank ABA # _____ (9 digits)

Account # _____ Choose one Checking Savings

II. Remittance

If you would like to receive a payment remittance notification on the day of payment, please provide your e-mail address below. If you do not provide an e-mail address, payments will be deposited into your account without notification.

E-Mail address _____

III. Authorization

Company Name _____ Taxpayer ID # _____

Name _____ Title _____ Phone # _____
(Please print)

Signature _____ Date _____

| | |
|---|--|
| COMPANY NAME 123 MAIN ST STE 207 ANY TOWN USA 12345 | 1234 Santa Rosa Bank and Trust Santa Rosa CA |
| Pay to the Order of _____ \$ _____ | DATE: _____ |
| _____ Dollars | |
| Memo: _____ | _____ |
| {. 123456789}* 5555555 | |

Bank ABA # Account#

Note: You may revoke your direct deposit authorization at any time by providing written notification to us at the address below:

Stanislaus County Auditor-Controller
Accounts Payable Division
P O Box 770
Modesto, CA 95353 0770