February 7, 2018

Dear DeKalb County Vendor:

DeKalb County government is in the process of transitioning our vendor payments to ACH, an electronic transfer of funds directly to your bank account. This process will expedite payment to you by eliminating the mailing process while simultaneously reducing our cost. We are targeting to have this process completed over the next year with a goal of 65% of vendors being paid through ACH by the end of the year.

To initiate this process, we are requesting you provide us with the attached fully executed Authorization Agreement. Also, please include a copy of a voided check to ensure that the checking account and bank routing numbers are correct. You can provide this information to us along with your next invoice, or under separate cover. Please submit your request to the following address:

DeKalb County Government  
1300 Commerce Drive  
Department of Finance-Accounting Services  
3rd Floor Maloof Building  
Decatur, GA  30030

In addition, on the form please provide a contact person, their e-mail address, telephone number and the remittance advise e-mail account. The remittance payment receipt will be forwarded via e-mail.

Thank you in advance for your participation in this program and feel free to contact Annie Green at 404-371-2102 if you have any questions related to the program.

We looked forwarded to our continued relationship with our vendors that assist us in delivering quality goods and services to the citizens of DeKalb County.

Sincerely,

Andria Lisa Williams  
Interim Controller

Attachment
DeKalb County, Georgia
Finance Department – Accounts Payable
Authorization Agreement for Supplier Direct Deposit

Change of Account/Bank: Add ☐ Discontinue ☐

Please Print
Supplier Name ________________________________

Address Line 1 __________________________________________
Address Line 2 __________________________________________

City __________________________ State __________ Zip __________

Taxpayer Identification Number (TIN), social security (SSN) for individuals, or for other entities employee identification number (EIN)

The TIN must match the supplier name given on the “Name” line.

The Remittance Advice is to be electronically emailed to the following email address:

__________________________________________

Accounts Receivable:
Contact Name ________________________________

Title ________________________________

Phone # __________________________ Email __________________________

Financial Institution ________________________________
Bank Phone # ________________________________

Name on Account ________________________________
Routing Number ________________________________

Account Number ________________________________

I authorize DeKalb County Finance Department to credit above account with the depository name above. If DeKalb County erroneously deposits funds to account, I authorize the necessary debit entries, not to exceed the total of the original amount credited. The authorization will remain in effect until DeKalb County Finance has received a written notification from the supplier stating deposits are to be discontinued in such time and manner for DeKalb to act upon it.

Supplier Authorized Agent (Print Name) ________________________________
Signature ________________________________ Date ________________________________
Title ________________________________
DeKalb County Government
Finance Department
1300 Commerce Drive, 3rd Floor
Decatur, GA 30030

ACH forms may be mailed to: DeKalb County Government/Finance Department
1300 Commerce Drive, 3rd Floor, Decatur, GA 30030

OR

Faxed to: (404) 687-3555

OR

Emailed to: Vickie Thornhill, Accounts Payable Supervisor
vthornhill@dekalbcountyga.gov