



Finance Department
 Andria Lisa Williams
 Interim Controller

Chief Executive Officer

Michael L. Thurmond

Board of Commissioners

District 1
 Nancy Jester

District 2
 Jeff Rader

District 3
 Larry Johnson

District 4
 Steve Bradshaw

District 5
 Mereda Davis Johnson

District 6
 Kathie Gannon

District 7
 Gregory Adams

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 forward 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 _____
Title _____ Date _____



DeKalb County
GEORGIA

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