



Vendor Direct Deposit Authorization
Jefferson County

Name: _____

Company: _____

Address: _____

I authorize direct deposit of payment from Jefferson County into my account at

(Bank)

Account Number: _____

Routing #: _____

Checking Savings

(Please check one)

You will receive an email with the detail of the invoice(s) being paid.

Email Address: _____

Signature: _____ Date: _____