

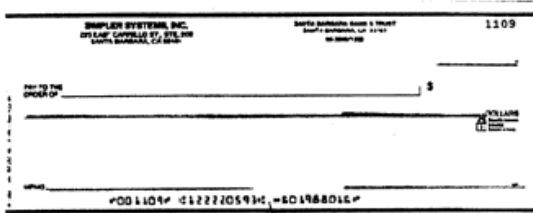
ELECTRONIC PAYMENT REGISTRATION

(For Vendor Payments & Reimbursements Only)

COUNTY OF SANTA CLARA

Thank you for your interest in receiving electronic payments from the County of Santa Clara. By registering for electronic payments, you authorize us to pay your invoices by initiating direct deposit entries to your checking or savings account. You may revoke your direct deposit authorization at any time by providing written notification to us at sapmstrdata@fin.sccgov.org.

Sample Check



Direct Deposit information can be found at the bottom of one of your checks. Use this sample as a guide to find your information.

The Bank ABA or routing number will be 9 digits.

Include any dashes (-) in your bank account number.

122220593 601988016
ABA Routing Number Bank Account

County of Santa Clara, Controller-Treasurer
70 W Hedding St, East Wing, 2nd Fl
San Jose, CA 95110-1705

PLEASE ATTACH A **VOIDED CHECK** or A **BANK CERTIFICATION LETTER**

**A voided check must have the payee's preprinted name. We do not accept direct deposit slip.*

**A bank certification letter may have the bank representative's signature. We do not accept company's internal remittance letter.*

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.

1 Bank _____ Branch _____
 Bank ABA Routing Number _____
 Account number _____ Choose one Checking Savings
 Account holder name (if different from company/individual name) _____

Remittance – To receive paid invoice information when a deposit is made into your account, please provide your email address below. If you do not provide an email address, payments will be deposited into your account without notification. (Additional emails allowed)

2 Remittance Email _____

Authorization – Must be signed by a person with check signing authority for the company listed. I authorized the County of Santa Clara to remit payment directly into my bank account indicated above. I am responsible to notify the County of Santa Clara in writing if my bank account information changes or if I want to cancel this payment method.

If you have multiple remit-to addresses, please complete one form per remit-to address.

3 Company Name _____ Email _____ Phone _____
 Individual Name _____ Email _____ Phone _____
 Remit-to Address _____ FEIN or Last 4 Digits of SSN _____
 _____ SCC Employee ID Number _____
 Finance Name _____ Email _____ Phone _____
 Salesperson Name _____ Email _____ Phone _____
 Authorized Signature _____ Name _____ Title _____ Date _____

NOTE – Payee who elects to receive electronic payment from County of Santa Clara shall be subject to prenote verification. Prenoting is a process of verifying the Payee's bank routing and account numbers through a zero-dollar transaction to make sure the provided account information is valid before receiving our electronic transfer. Our financial institution performs the prenote test on the Payee's bank account when a change is made in their profile.

County of Santa Clara Electronic Funds Transfer

The County of Santa Clara is pleased to offer Electronic Funds Transfer as an alternative payment method for warrants or checks. Electronic Funds Transfer is a method of payment made to the payee's bank account with any financial institution (Bank, Savings Bank, and Credit Union) that is a member of the Automated Clearing House of the Federal Reserve System in the United States. Funds are transferred via the Automated Clearing House Network of the Federal Reserve System. The entity registered with the County for electronic funds transfer will receive payments directly to their bank account; eliminate the manual process of handling a warrant or check. Payment notification indicating the invoice number, invoice date, invoice amount, total payment amount, and payment posting date will be sent to the payee's designated email address on the date the payment is generated (see sample on next page).

This payment method is being offered to vendors or contractors who have continuous on-going business relationship with the County or employees who receive expense reimbursement through the accounts payable system. If you are interested in receiving electronic payments from the County of Santa Clara, please complete the Electronic Payment Registration form and return it to the address on the form. The first electronic payment will begin approximately five to ten business days after the registration form is received by the County or when the next reimbursement occurred whichever comes first.

Instruction for Electronic Payment Registration Form

1. Direct Deposit – Provide payee's banking information, name of the bank, branch location, bank routing number, payee's bank account number, and the name of the account holder for the bank account.
2. Remittance – Provide an email address where the payment notification will be sent upon payment generation. If no email address or an invalid email address is provided, the payee will not receive any information regarding the payment from the County.
3. Authorization – Provide the name, title, and signature of the individual who is authorized for check signing authority for the company listed. Provide the name, address and phone number of the company doing business with the County.

Submit the completed form with a voided check to the address on the form (for Saving account, attached a bank memo instead of a voided check).

If you have any questions, please contact the requestor.

County of Santa Clara
Finance Agency
County Government Center
East Wing, 2nd Floor
70 West Hedding Street
San Jose, CA 95110-1705

*SAMPLE ACH PAYMENT NOTICE IN PDF FORMAT.
SEND TO VENDOR'S EMAIL ADDRESS AS AN ATTACHMENT TO THE EMAIL.
RECIPIENT NEEDS ADOBE ACROBAT PROGRAM INSTALLED IN ORDER TO READ IT.*

To:
REMIT-TO VENDOR NAME
REMIT-TO VENDOR ADDRESS
REMIT-TO VENDOR CITY, STATE ZIP

Payment advice

Vendor Number: 1000999 (COUNTY ASSIGNED #)
Post Date: 10/27/2004 (POSTS TO VENDOR'S BANK)
Total Amount Paid: 1,000.00
Payment Document: 2000302223 (COUNTY ASSIGNED #)

Dear Sir/Madam,

This is an electronic payment notice.

Payment for invoice(s) listed below was remitted to your bank account in our file on the Post Date.

If you have further questions regarding this payment, please contact X at (408) ###-#### or Y at (408) ###-####.

Inv. Date	Invoice No.	Invoice Desc.	Doc. No.	Inv. Amt.	Disc.	Amt. Pd.
10/01/2004	VENDOR INVOICE #	INFORMATION INPUT BY COUNTY	COUNTY ASSIGNED #	750.00	0.00	750.00
10/25/2004	VENDOR INVOICE #	INFORMATION INPUT BY COUNTY	COUNTY ASSIGNED #	255.00	5.00	250.00
Sum total				1005.00	5.00	1000.00