Multnomah County
Department of County Management

ELECTRONIC FUNDS TRANSFER APPLICATION & AUTHORIZATION FORM

For Remitting Payments to County-approved Suppliers via Electronic Funds Transfer **(EFT)** or Automated Clearing House **(ACH)**

Section A: APPLICANT / SUPPLIER PROFILE *(all boxes in Section A must be completed - "STRIKE-OUTS" will void this form)*

SSN / F.E.I.N	EMAIL ADDRESS, *required* to send electronic pymt advice in lieu of traditional check stub
Start Date:	PAYEE NAME AND MAILING ADDRESS AS RECOGNIZED BY THE IRS
Payee Phone Number	

AUTHORIZATION *(completed by Account Holder / Supplier)*

CANCELLATION / CHANGE OF ACCOUNT ***Important! Please read and sign before submitting***

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Multnomah County. Payments to you will be deposited into the account designated below until ACH Coordinator is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with updated information. Account holder is responsible for timely notification to payor of any and all changes. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that the County has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the County by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance will apply. Please DO NOT CLOSE ACCOUNT UNTIL ONE WEEK AFTER CONFIRMATION by the ACH Coordinator.

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, the County reserves the right to debit your account for an amount not to exceed the amount of the overpayment. In the event that a debit adjustment cannot be implemented, the County and/or Agency Office may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, the account holder acknowledges acceptance of these terms and conditions.

ACCOUNT HOLDER / SUPPLIER AUTHORIZATIONS

I certify that I have read and understand the information written above. I acknowledge that I am responsible for providing timely and accurate information and for all penalties and damages resulting from my failure to provide such information. I authorize Multnomah County to deposit payments to and make debits to adjust for over-payments from the account designated below. I attest to the accuracy of this information and certify that I am authorized to enter into this agreement on behalf of the account holder.

SIGNATURE of FIRST Account Holder / Authorized Supplier Representative		**SIGNATURE** of SECOND Account Holder / Authorized Supplier Representative	
	DATE		**DATE**
PRINTED NAME AND TITLE of FIRST Account Holder / Authorized Representative		**PRINTED NAME AND TITLE** of SECOND Account Holder / Authorized Representative	
Phone Number	**Email Address** of Account Holder / Authorized Representative	**Phone Number**	**Email Address** of Account Holder / Authorized Representative

Section B: SUPPLIER FINANCIAL INSTITUTION (*all boxes in Section B must be completed* - "STRIKE-OUTS" *will void this form*)

(The Financial Institution is ACH capable and must comply with NACHA rules.)

1. REQUIRED ATTACHMENT (CHECK ONE) a. ☐ Voided check or b. ☐ Deposit slip or c. ☐ Confirmation letter from bank			
2. ACCOUNT TYPE (1) a. ☐ Savings or b. ☐ Checking		ACCOUNT TYPE (2) c. ☐ Personal or d. ☐ Commercial	
3. ABA ROUTING & TRANSIT NUMBER	4. DEPOSITOR ACCOUNT NUMBER	5. ACCOUNT NAME (for commercial accounts)	
6. FINANCIAL INSTITUTION NAME		7. FINANCIAL INSTITUTION TELEPHONE NUMBER	
8. FINANCIAL INSTITUTION ADDRESS (Number and Street)	(City)	(State)	(Zip)
9. Bank Representative's Name & Title (Printed or Typed)	10. Bank Representative Email Address	11. Telephone Number	12. Date

Section C: COUNTY INTERNAL USE ONLY

Supplier Email _____ ***App to G drive*** _____ ***Workday Email*** _____ ***Mass Email*** _____ ***Reviewed By*** _____	***Workday Supplier ID#***	**Payment type:** ACH **Payment terms:** Immediate _____ Net 10 _____ Net 30 _____	Dept rationale for payment terms other than Net 30 and *Other Notes*:

Revised: APRIL 2024

Multnomah County
EFT / ACH Application & Authorization Form Instructions
R E A D T H I S I N F O R M A T I O N C A R E F U L L Y (TO PREVENT DELAYS IN PROCESSING)

Summary Instructions

Applicant/Supplier will complete Section A & Section B.
Email the completed form along with a copy of a voided check, deposit slip or confirmation letter from bank to: dcm.accounts.payable@multco.us

If you do not have email access please mail the completed form and required attachment to:
MULTNOMAH COUNTY
ACCOUNTS PAYABLE, EFT/ACH Coordinator
501 SE HAWTHORNE BLVD, 4TH FLOOR
PORTLAND OR 97214

Detailed Instructions

SECTION A – APPLICANT

SUPPLIER PROFILE:

1. **Social Security Number (SSN or Federal Employer's Identification Number (FEIN):** Disclosure of your SSN or FEIN is necessary to be eligible for this service. For more information contact EFT/ACH Coordinator.
2. **Start Date:** Day you want to begin to receive payments via ACH/EFT.
3. **Phone Number:** May be used during business hours if there are any problems setting up this service or delivering a future payment.
4. **Email Address:** Used to notify Supplier each time a payment is made and provide other pertinent payment information that would otherwise be on check. Only one email address can be accommodated.
5. **Payee Name and Address as recognized by the IRS:** Please use the mailing address where you receive payments against your invoices.

SUPPLIER AUTHORIZATION:

6. **Read and sign the form to indicate your agreement** with the terms and conditions as specified. Two authorized representatives must sign the physical form with pen and ink. Note that by submitting the form you are authorizing Multnomah County to credit your account (deposit funds) and, in the event of an over-payment error, to debit your account (withdraw funds) for the amount of the over-payment. All individuals named on a Consumer Account must sign this form. Please include a phone number and email address so we may contact you if we need further information to process this application.

SECTION B – SUPPLIER FINANCIAL INSTITUTION:

1. **Required Attachment: a) Voided check or b) Deposit slip or c) Confirmation letter from bank.** One of the choices listed needs to be attached to EFT/ACH authorization form. This will assist us in validating the account and ABA number on the application.
2. **Account Type:** Specify if Checking or Savings and if Personal or Commercial
3. **ABA Routing & Transit Number:** A nine-digit number. See MICR numbering on bottom of depositor check or deposit form.
4. **Depositor Account Number:** This number may have up to seventeen digits. See MICR numbering on bottom of depositor's check or deposit form. Note that only one deposit account can be linked to a County Supplier number.
5. Through box 12 ~ **complete as required**.

SECTION C – MULTNOMAH COUNTY USE ONLY:

- **EFT/ACH Coordinator notifies** ERP Supplier and Departments of new EFT request.
- Department Finance Specialist will be **required to use "ACH"** payment type (should be auto defaulted to this payment type in most cases) to make future ACH payments (enclosures will not be sent since payment notification is emailed to Supplier).
- Central AP will retain Authorization Forms in their files.

Here's How It Works:

1. *Completed applications are submitted to Central Accounts Payable for supplier profile updating.*
2. *The completed form must include wet signatures by two different authorized representatives.*
3. *For suppliers: After delivery of materials, equipment or performance of service, submit an invoice for payment as specified on the Contract Agreement or Purchase Order.*
4. *After invoice is received, it will be entered into the County's accounting system (Workday) and approved by County Dept.*
5. *County ACH payments are generally credited to receiving bank within 72 hrs of the payment process. ACH payments are processed daily and will comply with County payment terms which are Net-30 unless contract terms dictate otherwise.*
6. *If supplier bank account is closed or incorrectly identified, funds will be returned via ACH network to County Treasury's bank. Shortly thereafter a supplier payment will be reissued by check.*
7. *Initial set up and routing verification generally takes six to ten banking days. In the interim, any payments due will be made by check.*
8. *Electronic payments, by their very nature, do not have supplier "enclosures" which makes it important to have invoice # and date reference on each payment.*
9. *Payment notification with payment detail formerly found on check stub will be sent to Supplier via email.*

If you have any questions, please contact Multnomah County Central Accounts Payable at:

Ph: (503) 988-3316
or
Email:
dcm.accounts.payable@multco.us