

**PRINCE GEORGE'S COUNTY MARYLAND
OFFICE OF FINANCE
ELECTRONIC DISBURSEMENT NOTICE**

Dear County Business Partner:

The County is pleased to announce an initiative to receive future invoice payments electronically through the Automated Clearing House (ACH) Payment System. Payments can be posted directly to your business bank account. Our Accounts Payable Section will e-mail a separate advice to detail the paid invoice(s) information and to confirm the transmission date so that you can update your financial records. The County reserves the right to reverse - without prior notice - any erroneous transmissions.

As mandated by PGC CB-74-2016, effective April 1, 2017, it is required for vendors to enroll in the Automated Clearing House (ACH) or a similar electronic payment system with the County. You must also bank with a financial institution capable of processing these electronic transfers.

To enroll in this new program, please complete the enclosed Authorization for Electronic Funds Disbursement form. After the validation and processing of your form is complete (approximately 60 days after receipt), you can expect electronic payments at the designated bank until you advise us in writing to stop payments. If you are currently enrolled in the ACH Payment System and seek to update your bank information, please complete a form requesting us to "STOP" the use of existing information and a separate form requesting us to "START" the use of updated information.

Keep a copy for your records and forward the original completed form to:

PRINCE GEORGE'S COUNTY, MARYLAND
OFFICE OF FINANCE – ACCOUNTS PAYABLE
1301 MCCORMICK DRIVE, SUITE 1100
LARGO, MD 20774

If you have any questions or concerns, please contact our Accounts Payable Department by email (pgcap@co.pg.md.us) or telephone (301.952.5025). Thank you and we look forward to working with you.

Sincerely,
Robert I. Morgan
Disbursements Manager

**USE THIS SAMPLE CHECK FORMAT AS A GUIDE TO DETERMINE
THE ACCOUNT NUMBER AND THE NINE-DIGIT ROUTING NUMBER**

The image shows a sample check with the following fields and values:

- Payee:** JOHN DOE, 123 MAIN STREET PH. (000)000-0000, ANYTOWN, USA 12345
- Date:** DATE _____
- Amount:** \$ _____
- Bank:** Anybank USA, Anytown, USA
- Routing Number:** :123456789
- Account Number:** 123456
- Check Number:** 0597

Below the check, three lines with arrows point to the routing number, account number, and check number respectively, with labels: Bank Routing Number, Account Number, Check Number.

PRINCE GEORGE'S COUNTY MARYLAND

OFFICE OF FINANCE – ACCOUNTING DIVISION

1301 MCCORMICK DRIVE, SUITE 1100

LARGO, MD 20774

Voice: 301.952.5025 Fax: 301.952.3529 Email: pgcap@co.pg.md.us

AUTHORIZATION FOR ELECTRONIC FUNDS DISBURSEMENT

PRIVACY ACT STATEMENT

The following information is being provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to start/stop payment data by electronic means to the referenced financial institution. Failure to provide correct or complete information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. (April 2004)

VENDOR/PAYEE INFORMATION

Action: Start____ Stop____ Federal TIN/SSN_____

Legal Name_____ Business Name (if different) _____

Address _____ City _____ State ____ Zip _____

Remittance Address (if different)_____

Contact _____ Title _____

Voice_____ Email_____ Fax_____

FINANCIAL INSTITUTION

Name of Bank_____ Account Title_____

Address _____ City _____ State ____ Zip _____

Contact _____ Telephone _____

Account Number _____ Checking _____ Savings _____

Nine-digit Routing No: _____

CONDITIONS AND AUTHORIZATION

I acknowledge that this form has been completed to the best of my knowledge. I understand that in the event of an erroneous payment, the County reserves the right to reverse a transfer and further understand that failure to provide accurate information could result in a forfeit of this payment method. I certify that I am a Contractor with the County and that I will provide the County with my vendor number on all correspondence. I must communicate any changes in the financial institution(s) or account(s) to the County within thirty (30) days of the new information becoming effective. I understand that this payment method is governed by County policy that may periodically change without prior notice. I hereby authorize Prince George's County to electronically transfer payments due to the referenced business enterprise for goods or services rendered to the County.

Officer Name _____ Title _____

Signature _____ Date _____

OFFICIAL USE ONLY

Vendor No. _____ Processor _____ Date _____