



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 the address, email or fax # below.

County of Santa Clara, Controller-Treasurer Dept.
70 W. Hedding St., East Wing, 2nd Floor
San Jose, CA 95110-1705
Attn: Cristina Rivera/Nancy Vu
Email: sapmstrdata@fin.sccgov.org
Fax: 408-938-4500

If you have questions regarding this form, please contact:
Cristina Rivera at 408-299-5215
Nancy Vu at 408-299-5229

PLEASE RETURN THE COMPLETED FORM WITH A VOIDED CHECK or BANK MEMO TO THE ADDRESS, EMAIL, OR FAX # ABOVE.

1

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.

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

2

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.

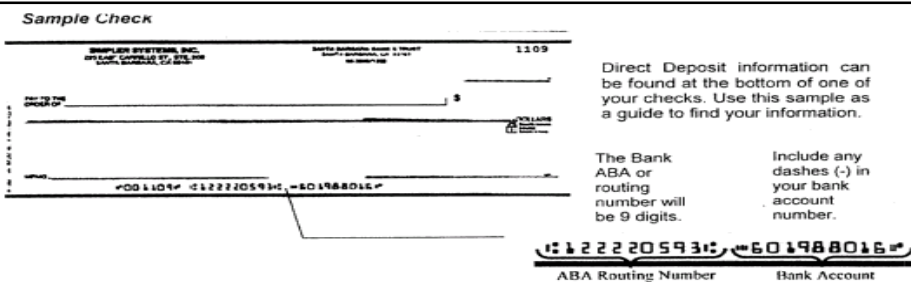
E-mail address _____

3

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.

Company/Individual Name _____ Phone _____ Date _____
Address _____
Signature _____ Name _____ Title _____



County of Santa Clara use only:

Vendor Number: _____ Date SAP Posted: _____

Vendor Name: _____

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 deposit slip instead of a voided check).

If you have any questions or concerns, please contact the individuals at the numbers stated on the registration form.

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 |