



ST. JOHNS RIVER
WATER MANAGEMENT DISTRICT
VENDOR REIMBURSEMENT
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Dear Vendor:

Enjoy the convenience and safety of having your reimbursement automatically deposited in your checking or savings account at the financial institution of your choice.

To sign up for our Automatic Direct Deposit program, simply complete the Authorization section below.

AUTHORIZATION

I hereby authorize the **St. Johns River Water Management District**, hereinafter called the **District**, to initiate deposit(s) to my checking or savings account at the financial institution indicated below, hereinafter called the **Depository**.

INDICATE OPTION(S): Direct Deposit Setup Change(s) Cancel

Depository Name		Branch	
City	State	Zip	
Checking Account No. (<i>Attach copy of your bank check.</i>):	Transit, ABA or Bank Routing No. (<i>9 digits</i>)		
Savings Account No. (<i>Attach copy of savings deposit slip.</i>):	Transit, ABA or Bank Routing No. (<i>9 digits</i>)		
Vendor Name (<i>Please print full legal name.</i>)	Social Security Number or FEIN No.	Date	
Vendor Signature			
X			

Please provide a contact person(s):

Name _____

Phone _____

Name _____

Phone _____

Email address: _____