

## Jefferson Parish Accounting Department Vendor Direct Deposit Application

### Section 1: Transaction Type

<input type="checkbox"/> New Set Up (Sections 2, 3, & 4)	<input type="checkbox"/> Change Financial Institution (Sections 2, 3, & 4)
<input type="checkbox"/> Cancellation (Sections 2, 3, & 5)	<input type="checkbox"/> Change Account Number (Sections 2, 3, & 4)
	<input type="checkbox"/> Change Account Type (Sections 2, 3, & 4)

### Section 2: Payee Identification

1. Federal Tax ID No. (9 Digits)	2. Business Name	
3. Business Phone Number	4. Mailing Address	
5. City	6. State	7. Zip Code

### Section 3: Authorization for Setup, Changes or Cancellation

8. On behalf of the above named entity, I have authority to and hereby authorize the Jefferson Parish Accounting Department to make payment of written claims submitted to Jefferson Parish by electronic deposit to the account listed above. This authorization will remain in effect until this authorization is revoked in writing and upon reasonable notice to the Accounting Department. I further authorize the Jefferson Parish Accounting Department to electronically, and without notice, deduct any funds mistakenly deposited herein by the Parish from the account provided.

Should the bank information provided change, I am responsible for notifying the Accounting Department of such change within a reasonable timeframe as to ensure deposit of funds into the correct account.

I hereby declare that written claims submitted to Jefferson Parish are and will continue to be just and correct and that no written claim shall be submitted where such claim has already been paid. If any written claim submitted to Jefferson Parish has already been paid, I hereby authorize the Accounting Department to electronically, and without notice, deduct from this account any funds paid on a previously paid claim.

**\*\*\* One (1) business day prior to the funds being deposited to your bank, you will receive a confirmation to the email address provided. Failure to provide all information will result in the delay of your application being processed.**

9. Authorized Signature	10. Printed Name	11. Date
-------------------------	------------------	----------

### Section 4: Financial Institution/Vendor Bank Information

12. Financial Institution Name	13. Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <b>For Checking Accounts – Please provide an original voided check</b> <b>For Savings Account – Please provide an original voided deposit slip.</b>	
14. Routing Transit Number (ABA Number) <b>Example on Page 2</b>	15. Bank Account Number <b>Example on Page 2</b>	16. Bank Account Title
17. Vendor Representative's Name (Please Print)	18. <b>Email Address to be notified of deposit *** (Required)</b>	
19. Vendor Representative's Signature	20. Telephone Number	21. Date

Jefferson Parish Accounting Department  
Vendor Direct Deposit Application

---

**Section 5: Cancellation by Agency**

22. Reason	23. Date
------------	----------

Return to:      Jefferson Parish Accounting Department  
                    Attn: Accounts Payable  
                    PO Box 9, Suite 4200, General Government Building  
                    Gretna, LA 70054-0009

\*\*\*If you have any questions or assistance regarding this form, please contact the Jefferson Parish Accounting Department, Accounts Payable Supervisor at 504-364-2777 OR by email at [directdeposit@jeffparish.net](mailto:directdeposit@jeffparish.net).

**This illustration shows where to locate your Routing Transit Number and Checking Account Number. Please note that for Saving Accounts, you may need to contact your financial institution for this information.**

