

EFT Vendor Authorization Form



NORTH COUNTRY

COMMUNITY MENTAL HEALTH

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North Country Community Mental Health (“North Country”) is transitioning our vendors to electronic payments. Payments will be deposited into the checking account of your choice. To receive payments electronically, please complete, sign, and return this form to the address or email above.

By completing this form, you are authorizing North Country to initiate electronic payments into your account. You are also authorizing North Country to initiate corrections/reversals if an incorrect payment was processed.

Payee Information			
Payee Name:		SSN or Federal ID #:	
Email address for remittances:			

Bank Information			
Bank Name:			
Name on Account:			
Account #:			
Routing #:			
Account Type	Checking	Savings	Loan

Name(s):
Please print _____

Title: _____

Authorized Signature

Date