

HIDALGO COUNTY DRAINAGE DISTRICT NO 1 AUTHORIZATION FOR VENDOR DIRECT DEPOSIT

PLEASE CHECK ONE

New Direct Deposit Setup	
Cancellation	Add / Remove Financial Institution
Change Financial Institution	Change Account Number / Type

I authorize Hidalgo County Drainage District No. 1 and the financial institution named below to deposit, by automated clearing house (ACH) transfer, vendor payments owed to me by Hidalgo County Drainage District No. 1 and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow the

to withhold any payments owed to me by Hidalg deposited amounts are repaid. I consent to and a as they exist on the date of my signature on this	nen I authorize Hidalgo County Drainage District No. 1 go County Drainage District No. 1 until the erroneously agree to comply with the rules about electronic transfers form or as subsequently adopted, amended or repealed. that the amount deposited is correct after initial set up nation on other side of this form) Date
VENDOR INFORMATION (Must be con	npleted by vendor)
Vendor Name	Contact Telephone #
Vendor Legal Owner's Name	
Address	
City	State Zip Code
FINANCIAL INSTITUTION	
Name	Telephone #
Routing #	Account #
Account Type (circle one) Checking Savings	Percent of funds into account (100% of net)
Additional Financial Institution (if more th	nan one)
Name	Telephone #
Routing #	Account #
Account Type (circle one) Checking Savings	Percent of funds into account (% of net)

*** ATTACH A VOIDED PRE-ENCODED BANK CHECK HERE ***

Direct Deposit will not be set up without a voided pre-encoded bank check

HIDALGO COUNTY DRAINAGE DISTRICT NO. 1 FINANCIAL INSTITUTION VERIFICATION FORM FOR VENDOR DIRECT DEPOSIT

		ty Drainage District No. 1 vendor requesting	ancer depo
Name (Please print)		Telephone Number	
	completed by a bank represe	ntative)	
Name of Financial In	nstitution:		
Address:			
City:	State:	Zip Code:	
Routing Transit Num	nber (ABA):		
Depositor Account N	Name(s):		
Depositor Account N	Jumber:		
Type of Account:			
(Circle One)	Checking	Saving	
ACH Department Te	lephone Number:		
Bank Representative	Name / Title: (Please print)		
*Bank Representativ	re Signature:	Date:	

The Accounting Office of the Drainage District WILL NOT accept form if the following apply:

- Form is not completely filled out
- Form is not signed by Bank Representative
- Form filled out in pencil
- Changes not initialed by Bank Representative

DIRECT VENDOR DEPOSIT INFORMATION

- 1. Each direct deposit form **must have one** of the following:
 - -Pre-Encoded voided bank check (check with routing # and account # at the bottom)
 - -Hidalgo County Drainage District No. 1Financial Institution Verification Form (attached)
 - -Direct Deposit sign-up form from your financial institution

The following will not be accepted for direct deposit process:

- -Temporary checks
- -Deposit slips
- 2. The name of the vendor must be on the account that the direct deposit funds are to be deposited into. No exceptions.
- 3. The direct deposit will remain in full force and in effect until the vendor notifies Hidalgo County Drainage District No. 1's Accounting Department by completing and signing an agreement to cancel or make any changes to their direct deposit agreement with enough time for Hidalgo County Drainge District No. 1's Office and the financial institution the opportunity to act on it.
- 4. The transfer of funds through direct deposit will begin the second pay period following the date this agreement is received at the Accounting Office to provide time for testing by the financial institution of the routing/account information.
- 5. Please complete, sign and return the original agreement to the Accounting Office. If you have any questions, please contact the Accounting Office at (956) 292-7080 extension 5827.

HCDD1 Accounting :AC Revised 10/2023