



**ACH ENROLLMENT / CHANGE AUTHORIZATION FORM  
FOR SUPPLIER PAYMENT DIRECT DEPOSIT  
MIAMI-DADE COUNTY / CLERK OF COURT & COMPTROLLER  
SHERIFF'S OFFICE / SUPERVISOR OF ELECTIONS / TAX COLLECTOR**

We hereby authorize the Finance Department to initiate credit entries and if necessary, debit entries in order to reverse a credit entry made in error in accordance with NACHA rules. This authority remains in effect until revoked by us with the Finance Department in writing. This form may be submitted via e-mail (preferred), mail or hand delivered at our office. Please refer to page 2 for instructions. Please allow 15 business days from the date a completed form is received for processing.

\*NOTE THIS FORM IS NOT VALID FOR ENROLLMENT WITH AVIATION, WATER & SEWER, HOUSING, OR PROPERTY APPRAISER\*

**Section 1 (TO BE COMPLETED BY SUPPLIER)**

TRANSACTION TYPE:

New

☐

Change

☐

**FEDERAL IDENTIFICATION NUMBER**

--	--	--	--	--	--	--	--	--	--

(AS PER CURRENT W-9)

(FOR INTERNAL USE ONLY)

SUPPLIER NAME :

DBA (DOING BUSINESS AS) /

FICTITIOUS NAME

(ONLY if applicable and registered with Miami Dade County)

FISCAL OFFICER NAME AND TITLE :

TELEPHONE NUMBER :

EMAIL :

ACH NOTIFICATION EMAIL:

(ACH Notification/Payment details will be sent to this address) MANDATORY

**ROUTING NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--

**SUPPLIER'S BANK ACCOUNT NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT

Checking

☐

Savings

☐

AUTHORIZED SIGNATURE

DATE :

**A VOIDED CHECK OR REDACTED COPY OF A BANK STATEMENT FOR THE ACCOUNT LISTED ABOVE MUST BE PROVIDED. REFER TO INSTRUCTIONS FOR OUR MAILING ADDRESS. SUBMISSION OF YOUR E-MAIL ADDRESS IS MANDATORY IN ORDER TO PARTICIPATE IN THIS PAYMENT OPTION.**

**Section 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)**

FINANCIAL INSTITUTION NAME

ADDRESS

TELEPHONE NUMBER :

EMPLOYEE ID NO. :

EMAIL :

BANK OFFICIAL NAME AND TITLE :

☐ I have verified that the account and routing number provided above is correct and corresponds to vendor noted above.

☐ I have also verified that the person signing is an authorized signer on the account specified.

SIGNATURE

DATE :

**Section 3 (TO BE COMPLETED BY FINANCE DEPARTMENT)**

**Accounts Payable - Supplier Maintenance Verifications**

Corp. Officer Name : \_\_\_\_\_

Bank Officer: \_\_\_\_\_

Corp. Officer Title : \_\_\_\_\_

Date: \_\_\_\_\_

A/P Staff Initials : \_\_\_\_\_

A/P Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

Date : \_\_\_\_\_

**Finance - Review/Approval**

Review and approval \_\_\_\_\_

Date of review: \_\_\_\_\_

Rev 06/2025



**ACH ENROLLMENT / CHANGE AUTHORIZATION FORM  
FOR SUPPLIER PAYMENT DIRECT DEPOSIT  
MIAMI-DADE COUNTY / CLERK OF COURT & COMPTROLLER  
SHERIFF'S OFFICE / SUPERVISOR OF ELECTIONS / TAX COLLECTOR**

**INSTRUCTIONS**

Please contact us at (305) 375-5111 or email at [FIN-APSM@miamidade.gov](mailto:FIN-APSM@miamidade.gov) if you have any questions or need assistance with this form.

You may obtain blank copies of this form at : [http://www.miamidade.gov/finance/library/ach\\_form.pdf](http://www.miamidade.gov/finance/library/ach_form.pdf)

As a supplier you can have access to our supplier portal. The portal offers a one-stop site for suppliers to view bidding opportunities, information on contracts awarded, ability to update their profile, view invoice status, payment information and other features.

**Visit us at <https://supplier.miamidade.gov>**

**Section 1**

**Transaction Type**

New : If supplier is currently not registered to receive payments via ACH deposits.

Change : If supplier is currently set-up to receive payments via ACH deposits and would like to make changes to their banking information  
(example : change of financial institution, account number, E-Mail address notification, etc.)

**Federal Identification Number** : Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) used to register you as a supplier with us. Name and FEIN/SS must be exactly as provided on IRS Form W-9.

**Supplier Name** : Enter the name of your business or individual name used to register you as a supplier.

**DBA (Doing Business As) / Fictitious Name** : If you have registered a DBA for your business or for you as an individual, please enter it here.

**Fiscal Officer Name, Title and E-Mail** : Name of Authorized Corporate officer, Title and E-Mail address to be contacted to.

**ACH Notification E-Mail** : This is the E-Mail address where payment notification and details will be sent to (required).

**Section 2**

This section must be completed in full and legible manner by your banking institution.

To avoid delay please ensure that banking information provided on the form matches that of your supporting documentation.

**Both acknowledgment statements must be checked off by Bank Official signing and dating the form.**

**Section 3**

This section will be completed by Miami-Dade County / Clerk of the Court Finance Department.

**SUBMIT COMPLETED FORM AND VOIDED CHECK OR REDACTED STATEMENT VIA EMAIL TO [FIN-APSM@miamidade.gov](mailto:FIN-APSM@miamidade.gov)**

**IF YOU PREFER TO SUBMIT VIA MAIL, SEND ORIGINAL FORM AND VOIDED CHECK OR REDACTED STATEMENT TO :**

Accounts Payable - Supplier Maintenance Team  
Finance Department  
Clerk of the Court and Comptroller of Miami-Dade County  
111 NW First Street, Suite 2620  
Miami, Florida 33128

**Terms and Conditions**

Processing time is approximately fifteen (15) days from receipt of complete form and voided check or redacted Bank statement.

Providing account information does not authorize Miami-Dade County / Clerk of the Court to access bank account activity.

ACH deposits can be made into **only** one (1) bank account. Payments can not be split between multiple accounts.

Notification E-mail providing payment information can be sent to one (1) e-mail address **only**.

Proper verification will be conducted by our staff, via a telephone call to confirm the information being provided is accurate.

This authorization shall remain in effect until terminated in writing with sufficient notice to process the change.

Miami-Dade County / Clerk of the Court will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this ACH Enrollment / Change Authorization Form.