



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 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

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

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.