## How to find your bank's ABA Routing number

At the bottom of your checks, you will see a line of computer numbers. It's called the MICR line and those numbers indicate the individual check number, your bank's ABA Routing number, and your checking account number. Please note that these numbers may occur in any order, but the symbols described below will be consistent, and will help you determine which numbers belong to which category.

⑆123456780⑆ 1020 34560⑈ 0123

⑆ This character appears before and after the 9-digit ABA Routing number in the MICR line

⑈ This character appears after the checking account number.

**0123** The check number appears both in the MICR line and in the upper right-hand portion of your check.

If you have any questions about these numbers, please consult your depository financial institution.

County of Fairfax
Department of Finance
12000 Government Center Pkwy
Suite 215
Fairfax, VA 22035

For further information, e-mail:
ACHpayments@fairfaxcounty.gov
Or call (703) 324-3122
TTY 711 (VA Relay Center)

REV. 02/27/03

# COUNTY OF FAIRFAX DEPARTMENT OF FINANCE ACH PAYMENT PROGRAM

## DIRECT DEPOSIT OF VENDOR PAYMENTS & EMPLOYEE TRAVEL PAYMENTS

IT'S ***FREE!***

IT'S ***FAST!***

IT'S ***SECURE!***

IT'S ***EASY!***

## What are ACH Payments?

The Vendor ACH Payment Program of Fairfax County allows payments to be deposited directly to a designated financial institution account. Payment information is provided via e-mail.

## Benefits of ACH Payments

*It's free!*
The program is totally free as a part of the Department of Finance's efforts to improve services. It will cost you nothing to join. You will save the hassle and costs of depositing checks.

*It's fast!*
No more waiting for the mail! The funds will be deposited in your account electronically on time.

*It's secure!*
No more worry about missing checks. Your money will be safe in your account and your account information will be safe in a secured environment.

*It's easy!*
Please fill out the Vendor Agreement (ACH Credits) and mail with a voided check or savings deposit slip to:

ACH Payment Program
County of Fairfax
Department of Finance
12000 Government Center Pkwy
Suite 215
Fairfax, VA 22035

If you have any questions regarding your electronic payment, please e-mail ACHpayments@fairfaxcounty.gov or call (703) 324-3122 or TTY 711 (VA Relay Center)

## Vendor Agreement (ACH Credits)

Vendor name _____

Federal Tax Identification or
Social Security Number
___ ___ ___ ___ ___ ___ ___ ___ ___

I (Company) hereby authorize the County of Fairfax, Virginia, hereinafter called County, to initiate credit entries to my (our) account at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. If County funds to which I (Company) am not entitled are deposited in my (our) account, I (Company) authorize the County to direct the Depository to return those funds. I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and the rules as set forth by the National Automated Clearing House Association (NACHA).

This authorization is to remain in full force and effect until the County has received a notice of termination from me, or a company representative, in such time and in such manners as to afford the County a reasonable opportunity to work on it. I (Company) further acknowledge that any remittance information associated with payments that I (Company) receive will be made available to me through a Notice of Payment sent by the County to the e-mail address designated by me (Company).

Signature_____

Title_____

Print Name _____

Date_____

Depository Name _____

Bank ABA Routing Number

___ ___ ___ ___ ___ ___ ___ ___ ___
*(9 digits at bottom of check, do not include spaces or hyphens- contact your bank if you have questions)*

☐ Checking Account ☐ Savings Account
*(Select One)*

Account Number

__ __ __ __ __ __ __ __ __ __ __ __ __ __
*(Do not include spaces or hyphens)*

E-mail Address for Notice of Payment

_____

Mailing Address

_____

_____

_____ _____ _____
City State Zip

Contact Name *(please print)*

_____

Tel ( ) - _____ - _____

All information is required. Please fill in every field and attach a voided check or savings deposit slip of designated account.