

**COUNTY OF MONTGOMERY**

**Return to: Administration -- Finance**

Address: County of Montgomery  
Post Office Box 425  
Troy, North Carolina 27371-0425  
Telephone: (910) 576-4221  
Fax: (910) 576-4566



**PAYEE PAYMENT PREFERENCE INDICATION**

- Initial Enrollment
- Change Information

Payee # \_\_\_\_\_ Date Changed \_\_\_\_\_

For your convenience and benefit, the County offers each payee the opportunity to receive payments by either 1) check, 2) credit card, or 3) electronic funds transfer (EFT). Upon receipt of an invoice or other document requesting payment, the County will initiate payment based on the chosen preference. To select your payment preference, complete items A, B, and C of this form, then only complete item D for payments by EFT. Complete item D by either a) attaching a voided check or b) having a bank representative sign. Please return final completed form to the County at the address above.

A. Payee Name \_\_\_\_\_

B. Payment Preference:      (1) **Check**                       (2) **Credit Card**                       (3) **EFT**

C. By signing below, I hereby authorize the County to remit payments by preferred method. Further, when EFT is the preferred method, I hereby authorize the County to electronically deposit funds into the account identified herein and to send notification to the email address indicated below. I understand that if my information below is wrong or changes and the County is not properly notified, subsequent payments may be delayed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**D. FOR PAYMENTS BY ELECTRONIC FUNDS TRANSFER (EFT)**

If you choose EFT, payments will be deposited into the bank account of your choice. This banking information will be used only to transmit payment data, by electronic means, to your financial institution. In advance of this deposit, you will be notified by e-mail. The e-mail will take the place of hardcopy mailings and provide you with the same information that would normally be sent with a check (i.e. copy of invoice). Failure to accurately provide the requested information may delay or prevent the receipt of payments through this payment method.

a. EFT Payment Notifications should be received by the following payee representative:

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone No. \_\_\_\_\_

b. EFT Payments should be deposited into the account identified herein:

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Routing/ABA No. \_\_\_\_\_ Bank Account No. \_\_\_\_\_

- Checking**
- Saving**

By signing below, I confirm that the above information is correct and accurate to the best of my knowledge.

Bank Representative Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

**(Please attach Business Card of Bank Representative)**

**IN LIEU OF BANK SIGNATURE, PLEASE ATTACH A VOIDED CHECK TO VERIFY ACCOUNT**