

VENDORLINK REGISTRATION

STANISLAUS COUNTY

Thank you for your interest in receiving VendorLink electronic payments for Stanislaus County. By Registering for VendorLink electronic payments you authorize us to pay your invoices by initiating direct deposit entries to your checking or savings account. You may revoke your direct deposit authorization at any time by providing written notification to us at the address below.

Office of the Auditor-Controller
Accounts Payable Division
P.O. Box 770
Modesto, CA. 95353-0770

Please complete and return this form to the address above.

Direct Deposit

Please provide your bank's ABA number and the number of the checking or savings account to which we should deposit payments. Use the sample check at the bottom of this form to locate this information on the MICR line of one of your checks.

Bank ABA # _____ (9-digits)

Account # _____ Choose one Checking Savings

Remittance

To receive paid invoice information when a deposit is made into your account, please provide your e-mail address below. If you do not provide an e-mail address, payments will be deposited into your account without notification.

E-mail address _____

Authorization

Name _____

Company _____

Title _____ Phone # _____

Signature _____ Date: _____

Sample Check

Company Name 123 Main St., Suite 207 Any Town, USA 12345	1109 Santa Barbara Bank and Trust Santa Barbara, Ca
Pay to the Order of _____	DATE: _____ \$ _____
Memo: _____	_____ Dollars
• 1 2 3 4 5 6 7 8 9 • 5 5 5 5 5 5 5	

Bank ABA #

Account #