

Potter County Auditor 900 S. Polk, Suite 716 Amarillo, TX 79101-3412

Phone: 806-349-4800 Fax: 806-349-4808

Email: auditor@co.potter.tx.us

Vendor ACH Enrollment Form

Potter County, Texas now offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email, typically on the Wednesday prior to our Commissioners' Court meetings, which fall on the 2nd and 4th Monday of each month. The remittance advice will come from gems@mypottercounty.com.

Signing up for Vendor ACH payments provides several benefits for our vendors:

Quicker Payments

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

Less Hassle

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive a remittance advice for each ACH payment via email.
- Save time by not traveling to the bank or waiting in line to deposit your check.

If you have any questions about our Vendor ACH payments program, please feel free to contact the Auditor's office at 806-349-4800.



Vendor ACH Enrollment Form

This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution

institution.						
You must check with your financial ins form is subject to additional verificatio		s have	been deposited. I	nformatio	on on this	
VENDOR INFORMATION (Remit Add	ress) 🔲 New Reque	est	☐ Change Re	quest		
VENDOR NAME				TAXPAYER	R ID (Require	ed)
ADDRESS			CITY		STATE	ZIP
ACCOUNTING CONTACT NAME		TE	LEPHONE NUMBER		FAX NUME	BER
EMAIL ADDRESS (PRINT CLEARLY) – *Require	d to receive remittance.					
FINANCIAL INSTITUTION INFORMAT	ION					
BANK NAME						
ADDRESS		C	ITY		STATE	ZIP
ACCOUNT NAME	AME ACH RO		TING NUMBER (9 Digits) ACCOUNT NUMBER		MBER	
ACCOUNT TYPE CHECKING	SAVINGS			I		
Certification:						
I certify I am responsible for notifying	g any changes to the info	rmation	n provided above to	Potter Co	ounty Audi	tor.
I certify that I agree to immediately re	eturn any erroneous pay	ments	hat may occur as a	result of	payment v	ia ACH.
I certify the information provided on named company, herby authorize Po authority remains in full force until w reserves the right to cancel or susper	tter County to electronic ritten notice of change o	ally dep or cance	oosit payments to t llation is received b	he design	ated bank a	account. This
Authorization:						
Authorized Official Name	Signature		Title			

EMAIL: auditor@co.potter.tx.us

FAX: 806-349-4808