



**Oscar J. Garcia, CPA**

Auditor-Controller/Treasurer-Tax Collector

**County of Fresno  
Automated Clearing House  
Authorization Form**

**Section 1 – Company Information (please type or print)**

Name of Company: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

County Contract Number: \_\_\_\_\_

Vendor Number (if known): \_\_\_\_\_

Contact Person *per Contract*: \_\_\_\_\_

Contact Phone Number *per Contract*: \_\_\_\_\_

Contact E-Mail *per Contract*: \_\_\_\_\_

**Section 2 – Company Banking Information**  Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Section 3 – Invoice Processing - Contact Person**

Name of Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Limited to only one email address in this section)

**Section 4 – Authorized Signer per Contract (please sign)**

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

Printed Name/Title: \_\_\_\_\_

**Section 5 – Remit to**

Electronically: [ACTTCAP-ACH@fresnocountyca.gov](mailto:ACTTCAP-ACH@fresnocountyca.gov)

Mail: ACTTC - General Accounting / PO Box 1247 / Fresno, CA 93715-1247