

**PRINCE GEORGE'S COUNTY MARYLAND
OFFICE OF FINANCE
ELECTRONIC DISBURSEMENT NOTICE**

Dear County Business Partner:

The County is pleased to announce an initiative to receive future invoice payments electronically through the Automated Clearing House (ACH) Payment System. Payments can be posted directly to your business bank account. Our Accounts Payable Section will e-mail a separate advice to detail the paid invoice(s) information and to confirm the transmission date so that you can update your financial records. The County reserves the right to reverse - without prior notice - any erroneous transmissions.

As mandated by PGC CB-74-2016, effective April 1, 2017, it is required for vendors to enroll in the Automated Clearing House (ACH) or a similar electronic payment system with the County. You must also bank with a financial institution capable of processing these electronic transfers.

To enroll in this new program, please complete the enclosed Authorization for Electronic Funds Disbursement form. After the validation and processing of your form is complete (approximately 60 days after receipt), you can expect electronic payments at the designated bank until you advise us in writing to stop payments. If you are currently enrolled in the ACH Payment System and seek to update your bank information, please complete a form requesting us to "STOP" the use of existing information and a separate form requesting us to "START" the use of updated information.

Keep a copy for your records and forward the original completed form to:

PRINCE GEORGE'S COUNTY, MARYLAND
OFFICE OF FINANCE – ACCOUNTS PAYABLE
1301 MCCORMICK DRIVE, SUITE 1100
LARGO, MD 20774

If you have any questions or concerns, please contact the Emergency Rental Assistance Program (ERAP) Call Center at (301) 883-6504 (option 9) or via email: erap@co.pg.md.us. Thank you and we look forward to working with you.

**USE THIS SAMPLE CHECK FORMAT AS A GUIDE TO DETERMINE
THE ACCOUNT NUMBER AND THE NINE-DIGIT ROUTING NUMBER**

The image shows a sample check with the following fields and values:

- Payor Information:** JOHN DOE, 123 MAIN STREET, PH. (000)000-0000, ANYTOWN, USA 12345
- Check Number:** 597
- Date:** 78-4/1049
- Payee Information:** PAY TO THE ORDER OF _____
- Amount:** \$ _____
- Bank Information:** Anybank USA, Anytown, USA
- Routing and Account Numbers:** :123456789 123456 0597

Labels below the check indicate: Bank Routing Number (123456789), Account Number (123456), and Check Number (0597).

PRINCE GEORGE'S COUNTY MARYLAND

OFFICE OF FINANCE – ACCOUNTING DIVISION

1301 MCCORMICK DRIVE, SUITE 1100

LARGO, MD 20774

Please provide completed form to your tenant or you may return the completed and signed form via email to the assigned ERAP reviewer. Alternatively, the completed form may be returned via email to: erap@co.pg.md.us (please reference the name of the tenant and the address of the rental unit).

AUTHORIZATION FOR ELECTRONIC FUNDS DISBURSEMENT

PRIVACY ACT STATEMENT

The following information is being provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used to start/stop payment data by electronic means to the referenced financial institution. Failure to provide correct or complete information may delay or prevent the receipt of payments through the Automated Clearing House Payment System. (April 2004)

VENDOR/PAYEE INFORMATION

Action: Start _____ Stop _____ Federal TIN/SSN _____
Legal Name _____ Business Name (if different) _____
Address _____ City _____ State ____ Zip _____
Remittance Address (if different) _____
Federal Unique ID Number _____
Contact _____ Title _____
Voice _____ Email _____ Fax _____

FINANCIAL INSTITUTION

Name of Bank _____ Account Title _____
Address _____ City _____ State ____ Zip _____
Contact _____ Telephone _____
Account Number _____ Checking _____ Savings _____
Nine-digit Routing No: _____

CONDITIONS AND AUTHORIZATION

I acknowledge that this form has been completed to the best of my knowledge. I understand that in the event of an erroneous payment, the County reserves the right to reverse a transfer and further understand that failure to provide accurate information could result in a forfeit of this payment method. I certify that I am a Contractor with the County and that I will provide the County with my vendor number on all correspondence. I must communicate any changes in the financial institution(s) or account(s) to the County within thirty (30) days of the new information becoming effective. I understand that this payment method is governed by County policy that may periodically change without prior notice. I hereby authorize Prince George's County to electronically transfer payments due to the referenced business enterprise for goods or services rendered to the County.

Officer Name _____ Title _____

Signature _____ Date _____

OFFICIAL USE ONLY

Vendor No. _____ **Processor** _____ **Date** _____