



# VICTOR D. CRIST

CLERK OF CIRCUIT COURT & COMPTROLLER  
HILLSBOROUGH COUNTY, FL

Dear Clerk of the Circuit Court Suppliers:

The Hillsborough County Clerk of Court & Comptroller offers suppliers the option of receiving payments by direct deposit. With direct deposit, payments are made electronically by ACH directly to the supplier's designated bank account.

## Direct deposit is...

- **Quick** - No waiting for the mail. Payments are automatically credited to your account.
- **Convenient** - No worry about getting to the bank to make a deposit.
- **Economical** - No cost to receive Direct Deposit and you have access to your funds sooner.
- **Secure** - no paper checks to handle (avoids risk of misplacement, loss or theft).
- **Reliable** - ACH payments are tested prior to activation of payment on actual invoices.

Enrollment in the Clerk's Direct Deposit process is simple.

1. Read the attached **Terms and Conditions**.
2. Provide all information on the attached **Direct Deposit Authorization Form**.
3. Complete and sign the **Payee Certification**. We require a physical (wet) signature.
4. Take the form to your bank for **Financial Institution Certification** (your bank must do this part). Alternatively your bank can provide verification of your account information on their letterhead to be returned with the direct deposit authorization form.
5. Attach a **voided check, deposit ticket** or **letter** from your financial institution.
6. Return the original form and supporting documents to our office **via US mail**.
7. Confirm the test deposit transaction in your bank account.

The Direct Deposit Authorization Form and Terms and Conditions are attached. If you have questions about the process or how to complete the form, **call (813) 276-2029 ext. 4745 for assistance**.

**EXCELLENCE IN SERVICE!**

(813) 276-8100 | HILLSCLERK.COM

P.O. BOX 1110, TAMPA, FL 33601-1120

**HILLSBOROUGH COUNTY- CLERK OF COURT & COMPTROLLER**  
**TERMS AND CONDITIONS FOR DIRECT DEPOSIT PARTICIPATION**  
**Please Read This Carefully**

The origination of Automated Clearing House (ACH) transactions must comply with the provisions of state and federal laws and regulations. The Tax ID and bank account information is required to establish Direct Deposit (ACH) payments. This information will remain confidential to the extent provided by law. Failure to provide the requested information will prevent establishment of Direct Deposit. **Payees who are not active vendors in the Clerk or County's financial system must also submit a Form W-9 or a Form Substitute W-9.**

Proper completion of the Direct Deposit Authorization Form (DDA) authorizes the Hillsborough County Clerk of Court to initiate credit and, if necessary, debit entries and adjustments for any credit entries made in error to the designated account, at the Financial Institution named, and to credit or debit the same from such account. This authorization will remain in effect until cancelled in writing. Refer to Changes or Cancellations section below.

**Information Found On Checks**

Most of the information required to complete the Direct Deposit Authorization Form is printed on the payee's checks or deposit tickets. The payee name and address on the check, deposit ticket, bank account title and supplier account **must match** the information on the DDA. Please make sure addresses are current.

**Prenotification**

A prenotification ACH credit (prenote) to the account designated on the DDA will be made prior to making direct deposit payments based on this authorization. The prenote is a test deposit transaction to your financial institution for the purpose of verifying the transfer of funds to the payee bank account as designated on the DDA. When the prenote is processed, an e-mail will be sent to the payee. **The payee must respond to the prenote email upon verification of the prenote in the payee's account. Payments will not be made by Direct Deposit until the prenote has been accurately confirmed by the payee.** If the prenote fails due to an error on the DDA, the payee will be notified. Depending on the reason, the payee may be required to submit a new DDA to begin the process again.

**Changes or Cancellations**

This authorization remains in effect until cancelled by the payee in writing to the Clerk of Circuit Court Accounting Department (Clerk) at the address provided on the bottom of the DDA. Changes in banking information are treated as cancellations and the payment method will revert to check. A new DDA must be submitted and fully processed to change the payment method to Direct Deposit again.

Sufficient time must be allowed to process changes and cancellations. Urgent matters should be immediately addressed by phone. Upon cancellation by the payee, the payee should also notify the receiving financial institution that the authorization has been cancelled. The Clerk expressly reserves the right to discontinue Direct Deposit at any time.

The Financial Institution, at their discretion, may also discontinue direct deposit services. Should this occur, the payee must immediately notify the Clerk. If the payee's or Clerk's financial institution reports any event of fraud related to the payee, payee's bank account, or to the payee's DDA, the DDA shall be cancelled immediately without prior notice. Further, supplier payments by check may be placed on hold until the event is resolved to the Clerk's satisfaction. This action is intended for the protection of the Clerk and the supplier/payee.

**Financial Institution Information and Certification**

The Financial Institution must certify the exact format of the payee's checking or savings account number and account title as it appears in the records of the Financial Institution for the account that the payee designates for the purpose of direct deposit. If the Financial Institution acts as an agent for the payee and the accounts are not checking or savings accounts, please contact the Clerk for clarification or assistance. If the bank detects any error on the form, or cannot confirm the information as provided, the Financial Institution should advise the payee. Corrections to the authorization form by the Financial Institution or the payee are not acceptable and the form will not be processed for Direct Deposit.

**Violations, False Statements or Fraud**

Violation of these Terms and Conditions may cause termination of participation in Direct Deposit. The Clerk will not be responsible for any loss which may arise solely by reason of error, mistake or fraud regarding information provided on this Direct Deposit Authorization form. Anyone who misrepresents or falsifies essential information to receive payment is subject to applicable Federal and State laws and regulations.

**Hillsborough County  
Clerk of the Circuit Court & Comptroller  
Direct Deposit Authorization Form**

**Directions**

- Read the **Terms and Conditions for Direct Deposit Participation** (attached) and all instructions on the form carefully.
- Complete the form in **ink or by typing**. It must be clear and legible. Incomplete forms will not be processed.
- Do not mark through corrections. Do not use correction fluid. If an error is made, please start a new form.
- The **Payee** must complete the Payee Information and Payee Certification sections. We require a physical signature.
- Your **Financial Institution** must complete, certify and sign the Financial Institution Certification (take the form to your bank) or they must provide a letter confirming the bank information provided on this form.
- Do not submit faxes, e-mails or copies of this form. Only the original completed and signed form will be accepted.
- Payments will be made using the Corporate Trade Exchange (CTX) format.

Payee Information <input type="checkbox"/> New <input type="checkbox"/> Revision		
Payee Name (Last, First, Middle Initial or Entity Name)		Payee Tax ID
Payee Address (Street, City, State, Zip Code)		
Payee Telephone (incl. area code & ext.)	Payee Email Address (to use for payment notifications)	
Financial Institution Name		
Financial Institution Address (Street, City, State, Zip Code)		
Routing Transit Number	Payee Account Number	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Payee Account Title		

<b>Payee Certification</b> By signing this form, I authorize payments to be sent to the financial institution named above to be deposited to the designated account. <b>I have read and accept the Terms and Conditions for Direct Deposit Participation.</b>	
Payee or Payee Agent Signature (physical/wet signature)	Date
Payee or Payee Agent Name (Print)	Payee or Payee Agent Title

<b>Financial Institution Certification</b> I confirm identity of the above named payee, account number and title. As an authorized representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit payment as designated by the payee above in accordance with NACHA operating rules and regulations.	
Financial Institution Representative Signature (physical/wet signature)	Date
Financial Institution Representative Name/Title (Print)	Financial Institution Representative Telephone/Email

<p><b>Attach</b> an original letter from your financial institution on their letterhead, signed by their authorized representative, that confirms the account name, routing number, and account number, <b>(or)</b></p> <p><b>Attach</b> a blank unused check marked with VOID <b>(or)</b></p> <p><b>Attach</b> an unused deposit slip.</p>	<p><b>Mail</b> properly completed and signed (original) form with voided check, deposit slip or bank letter attached to:</p> <p><b>Clerk of Circuit Court &amp; Comptroller Clerk's Accounting Department Payments Processing PO Box 1110 Tampa, FL 33601-1110 Telephone (813) 276-2029 ext. 4745</b></p>
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