



City of Jackson, Mississippi

Direct Deposit Authorization Form

for Receiving Payment by Electronic Funds Transfer (EFT)

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Per City policy, vendors providing goods or services to the City of Jackson are required to sign up for Direct Deposit (ACH) services. Direct deposit is the City of Jackson's preferred method for paying vendors or reimbursing staff for travel expenses. Please ensure that you upload this completed form along with your application in the [Vendor Self Service](#) portal at selfservice.jacksonms.gov/vss. **DIRECT DEPOSIT (ACH) FORMS CANNOT BE ACCEPTED OVER EMAIL DUE TO DATA SECURITY RISKS.**

How does this process work?

Once payment is approved by the City Council, the City of Jackson's Accounts Payable (AP) Supervisor will enter payment instructions into the city's accounting system. The system will then send payment instructions to the City's bank. The City's bank forwards these instructions to the Automatic Clearing House (ACH) of the Federal Reserve Bank, which coordinates the transfer of money to your financial institution. On the settlement day, a credit will be posted to your account. If your account is closed or incorrectly identified, funds will be returned through the ACH network to the City of Jackson's bank. If this should happen, the AP Supervisor will contact you asking for updated banking information.

Important note on Direct Deposit changes and cancellations:

If you are completing this form in order to change or cancel your existing direct deposit information, you may submit this form online via the [Vendor Self Service](#) portal at selfservice.jacksonms.gov/vss. If you are an existing vendor and you have not signed up for Vendor Self Service, you will first need to first setup an account using your existing Vendor ID # and your SSN/FID #. **DIRECT DEPOSIT (ACH) FORMS CANNOT BE ACCEPTED OVER EMAIL DUE TO DATA SECURITY RISKS.**

Do you have questions?

- Email: accountspayable@jacksonms.gov
- Phone: 601-960-2040
- Business Hours: 8 am – 5 pm, Monday-Friday (excluding public holidays)



INSTRUCTIONS – PLEASE READ CAREFULLY

Steps

1. Complete Section A and Section B in the FORM below.
2. Complete Section C and/or Section D based on the type of action being taken.
3. Send your completed form to the City of Jackson through one of the following channels:
EMAILED FORMS CANNOT BE ACCEPTED DUE TO DATA SECURITY RISKS.
 1. Upload your completed Direct Deposit (ACH) form through the City of Jackson's [Vendor Self Service](https://selfservice.jacksonms.gov/vss) portal at selfservice.jacksonms.gov/vss. If you are an existing vendor and you have not signed up for Vendor Self Service, you will first need to setup an account using your existing Vendor ID # and either your SSN or FID #.
 2. Drop off your Direct Deposit (ACH) form in-person at the Accounts Payable Office, which is located at:

Department of Finance Administration – Accounts Payable Section
Warren Hood Building, 6th Floor
200 S. President St.
Jackson, MS 39201
3. Mail your original and completed form (no faxes or copies accepted) to the Accounts Payable Office. Please make sure your form is marked as CONFIDENTIAL:

City of Jackson
Attn: Gloria Jones, ACH Coordinator
Accounts Payable Section
200 S. President St.
Jackson, MS 39201

Section A

- A. **Type of Action:** Please complete question 1 to inform the city of why you are filing out this direct deposit (ACH) form: 1) enrolling in direct deposit; 2) changing your direct deposit information; 3) or canceling your enrollment in direct deposit. Filling out this form is required to complete any of the listed action types. Please note that if you cancel your enrollment, you will be paid by check. The check will be sent to the address on file with the City of Jackson.
- B. **Social Security Number (SSN) or Federal Employer's Identification Number (FEIN):** Disclosure of your SSN is voluntary pursuant to 42 USC 405(c)(2)(c). However, since City of Jackson is required to file information returns with the IRS under certain conditions, if you choose not to provide your social security number you may be ineligible for this service.
- C. **Phone Number:** Please provide your phone number so we can contact you during business hours in case there are any problems setting up this service or delivering future payments.



D. **Name and Address:** Since there is a small possibility that a payment may have to be mailed to you, an address must be provided. For vendors and recipients, this is the mailing address where you receive payments against your invoices. For employees, the address may be your home address or your work address.

Section B

Read and sign the form to indicate your agreement with the terms and conditions specified. **Only original signatures will be accepted.** Note that by submitting the form you are authorizing the City of Jackson to credit your account (deposit funds) and, in the event of an over-payment error, to debit your account (withdraw funds) for the over-payment. All the individuals named on a Consumer Account must sign this form. If held by more than one person, the joint account holder must also authorize these EFT transactions.

Section C

Complete Section C if you are signing up for direct deposit or changing your direct deposit information. If you are changing your direct deposit information, you must also complete Section D.

Type of Account: Specify if Checking or Savings and if Personal or Commercial.

ABA Routing & Transit Number: This is always a nine-digit number. See the example below.

Deposit Account Number: This may have up to seventeen digits. See the below.

Section D

Please complete Section D if you are changing or canceling your direct deposit information. If you are changing your direct deposit information, you must also complete Section C.

Type of Account: Specify if Checking or Savings and if Personal or Commercial.

ABA Routing & Transit Number: This is always a nine-digit number. See the example below.

Deposit Account Number: This may have up to seventeen digits. See the below.

The diagram shows a check form with the following fields and highlighted numbers:

- YOUR NAME:** 1234 Main Street, Anywhere, OH 00000
- DATE:** _____
- PAY TO THE ORDER OF:** _____
- AMOUNT:** \$ _____ DOLLARS
- ROUTING NUMBER:** 044072324 (highlighted in orange)
- ACCOUNT NUMBER:** 000123456789 (highlighted in green)
- CHECK NUMBER:** 123 (highlighted in blue)



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FORM – SECTION A

1. Which action are you trying to complete? Please select only one.
 - a. Signing up for direct deposit. If yes, please complete sections A, B and C.
 - b. Changing direct deposit information. If yes, please complete sections A, B, C and D.
 - c. Canceling direct deposit information. If yes, please complete sections A, B and D.

If you are canceling, what is the reason for cancellation?

2. Business SSN or FID #

3. Phone #

4. Email Address

5. Payee Name and Mailing Address

6. Company Pin - **REQUIRED**

To improve data security for vendors and the City of Jackson, it is now required that vendors set a PIN for Direct Deposit (ACH). We recommend that your PIN contain between 4 and 7 characters. Please set your PIN by writing it in the box below.

You will be required to provide this PIN should you want to make any future changes to your Direct Deposit (ACH) information. If you have already set a PIN, and are seeking to make changes to your information, please write it in the box below. This PIN will be checked against our system records. If you have already signed up for Direct Deposit (ACH), but have not previously set a PIN, please set one now. **PLEASE BE SURE TO SAVE AND REMEMBER YOUR PIN.**

Are you setting up a PIN for this first time?

Yes (set new PIN below)

No (provide existing PIN below)

PIN #



What if I have forgotten my PIN?

If you have forgotten your PIN #, please contact the vendor helpline by calling 601-960-1025 or by emailing vendorhelp@jacksonms.gov. You will be required to complete a series of steps to verify your identity and recover your PIN.

FORM – SECTION B

Cancellation/Change of Account

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by the City of Jackson. Payments to you will be deposited into the account designated below until the ACH Coordinator is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, the payee acknowledges that the City of Jackson has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the City of Jackson by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. **PLEASE DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING THE ACH COORDINATOR.**

Recovery of Funds Deposited in Error

In the event that an erroneous EFT payment occurs, creating an over-payment, the City of Jackson reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, the City of Jackson may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, account holder(s) acknowledge their acceptance of these terms and conditions.



Individual/Vendor Signature

I/we certify that I/we have read and understand the information contained in Section B, above. I/we authorize the City of Jackson to deposit payments and make over-payment adjusting debits to my/our account as designated below. I certify that I am authorized to enter into this agreement on behalf of the account holder.

1a. Account Holder Name/*Title/Signature

1b. Date

*Title required if a company account

2a. Joint Account Holder Name/*Title/Signature

2b. Date

*Title Required if a company account

FORM – SECTION C (NEW ACCOUNT INFORMATION)

Complete Section C if you are signing up for direct deposit or changing your direct deposit information. If you are changing your direct deposit information, you must also complete Section D.

1. Account Type (1): Savings

Checking

2. Account Type (2): Personal

Commercial

3. ABA Routing & Transit Number

4. Deposit Account Number

5. Account Name

6. Financial Institution Name

7. Financial Institution Phone Number

8. Financial Institution Address

9. City

10. State

11. Zip Code

