

Automated Clearing House (ACH) and HCSO Purchasing Card are the accepted methods of payment; please inquire at AccountsPayable@TeamHCSO.com or (813) 247-8276. Each time a payment is disbursed to the financial institution/account provided below, an electronic notification is sent to the e-mail address notated for Remittance Notifications.

Payee Name (Entity Name or Name of Individual)	SSN/EIN/TIN
Payee Remit-To Address	
E-Mail Address (Remittance Notifications)	Phone Number
FINANCIAL INSTITUTION INFORMATION	:
Bank Name:	
Address:	
Routing Transit Number: A	ccount Number:
Γype: Checking (Attach a blank voided check*)*Letter of Verification from your Financial Institu	OR Savings (Attach a blank voided deposit slip* ion on letterhead and signed may be substituted.
PAYEE CERTIFICATION:	
TATEE CERTIFICATION.	
By signing this form, I authorize payments to be do institution named above by the Hillsborough Counceimbursements, or other transactions and, if necessmade in error. This authorization shall remain in further sufficient notice to allow adequate time to effort	ty Sheriff's Office for goods/ services rendered, sary, to initiate other adjustments for any entries ll force and effect until withdrawn in writing
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