

**BOARD OF COUNTY COMMISSIONERS, BUTLER COUNTY, OHIO**

315 High St., 6<sup>th</sup> Floor, Hamilton, OH 45011

**REQUEST FOR PROPOSALS**

R.C. §§ 307.86(M) & 307.862

Pursuant to R.C. § 307.86(M), The Board of Commissioners, Butler County, Ohio (the “County”), as the County contracting authority for the User designated herein has determined that the use of competitive sealed proposals would be advantageous to the County for the acquisition of the goods or services described in this Request for Proposals (the “RFP”). Therefore, pursuant to R.C. § 307.862, the County hereby solicits sealed competitive proposals as described in this RFP.

**A. Submission of Proposal:**

1. *Deadline for Submission of Proposals:* May 6, 2021 at 4:00 p.m. Proposals received prior to the deadline will be held and not be opened until the deadline.
2. *Proposals to be Delivered to:* Butler County Sheriff’s Office, Attn: Debra Maloney, 705 Hanover Street, Hamilton, OH 45011

**B. Description of Project:**

1. *Project Name:* Commercial Dishwasher
2. *Contract No.:* 2021-001
3. *USER:* The contract to which this RFP relates is intended to be awarded by the County for the use of the Butler County Sheriff’s Office (the “Sheriff’s Office”)
4. *County Contact Person:* Debra Maloney, Assistant Finance Director, Butler County Sheriff’s Office, 705 Hanover Street, Hamilton, OH 45011, [dmaloney@butlersheriff.org](mailto:dmaloney@butlersheriff.org) or Captain Nick Fisher, [nfisher@butlersheriff.org](mailto:nfisher@butlersheriff.org).
5. *Brief Description of Project:* USER desires to acquire a turnkey solution to washing/sanitizing food trays used to feed the inmates (commercial dishwasher) in the Butler County Correctional Facility at 705 Hanover Street, Hamilton, Ohio. ***Please see Exhibit A for additional information.***
6. *Potential Partial or Multiple Party Awards:* County reserves the right to award upon recommendation of the Sheriff’s Office one or more contracts to one or more Vendors for designated portions of the project.
  - a. In the event that County elects to award multiple contracts concerning the project, the Sheriff’s Office or its designee shall assume responsibility for coordination of the multiple contracts unless County expressly designates that the recipient of one of the awarded contracts shall be responsible to coordinate the multiple contracts.
7. *Intended Contract Duration:* Contract will be complete once equipment is installed and fully functional.
8. *Implementation Deadline:* To be determined based on the Project.

**C. The Request for Proposals:**

1. A list of specifications for this project is contained in the Exhibit A attached hereto.
2. A list of the documents, if any, which County incorporates by reference into this RFP is contained in the Exhibit B attached hereto.

3. A full copy of this RFP, together with all documents incorporated by reference into the RFP, is available to the public and may be obtained by either:
    - a. Download from the County’s website at [www.butlercountycommissioners.org](http://www.butlercountycommissioners.org) or [www.butlersheriff.org](http://www.butlersheriff.org) – Bid Opportunities.
    - b. A written request directed to the County’s Contact Person as designated in this RFP.
  4. County reserves the right to issue one or more addendums modifying the requirements or terms of this RFP.
    - a. A copy of each addendum will be:
      - i posted on the County and Sheriff’s website;
      - ii provided via e-mail to each person/entity who has submitted a proposal at the time of the addendum; and
      - iii provided via e-mail to each person/entity who has provided the County’s Contact Person listed in this RFP in writing:
        - (a) notice that the person/entity is considering submitting a proposal; and
        - (b) the person/entity’s company name, contact person’s name, company address, telephone number, e-mail address, and fax number.
- D. **Prohibited Contacts:** To protect the integrity and fairness of the proposal process, unauthorized communications and other behavior by any prospective Vendor that violates or attempts to manipulate the RFP process in any way may result in the rejection of the offender’s proposal.
1. Except as expressly authorized herein, neither a person/entity interested in submitting a proposal, a Vendor, nor their authorized representatives are permitted to communicate with Individuals Associated with this Project during the proposal process.
  2. Authorized communications are as follows:
    - a. Prior to the date set herein for the receipt of proposals, persons or entities interested in submitting a proposal may submit written questions requesting clarification of information provided in this RFP. All such questions shall be submitted by email to the County Contact Person designated in this RFP. All answers will be shared with all other proposers and known perspective proposers.
    - b. Communications in connection with negotiations between the County and the Vendor who submits the proposal that County determines is the most advantageous to the County based on the rankings performed by County.
  3. As used in this RFP, the term “Individuals Associated with this Project” is defined as:
    - a. County’s elected officials;
    - b. The County Contact Person designated in this RFP; and
    - c. County employees (including but not limited to the designated Sheriff’s staff) involved with development, management, and administration of this RFP and/or the process of evaluating proposals submitted in response to this RFP.
- E. **Form of Proposals:** Each proposal submitted in response to this RFP shall:
1. Be submitted in writing and be responsive to the requests for information requested in this RFP.

- a. The submittal shall contain an original and one (1) copy of the proposal.
  - b. The proposal shall contain the signature of a person who is duly authorized to submit the proposal on behalf of the Vendor.
  - c. The proposal shall contain the content and be organized in the format specified by County in the Exhibit B (including Attachments) attached to this RFP.
    - i. Each page of the proposal must be numbered sequentially at the bottom of the page and shall be divided into the categories described in Exhibit B.
    - ii. All narrative information must contain a heading which clearly indicates the subject matter of the narrative.
  - d. The proposal must be consistent with applicable federal regulations, State of Ohio policies, and County policies and procedures.
2. Contain the full legal name and mailing address of the principal place of business of the person/entity submitting a proposal (the "Vendor").
    - a. If the Vendor is a sole proprietor, the Vendor shall identify any trade name or fictitious name under which the Vendor conducts his/her business.
    - b. If the Vendor is a corporation, limited liability company, limited partnership, limited liability partnership, or other form of business entity, the Vendor shall identify its form of business entity, any trade name or fictitious name under which the Vendor conducts its business, and whether the Vendor is licensed to do business in the State of Ohio.
  3. Identify the name, postal mailing address, telephone number, and email address of the person(s) who is/are:
    - a. Responsible for preparation and submission of the proposal;
    - b. Authorized to respond to County's questions or requests for additional information related to evaluation of the proposal;
    - c. Conduct negotiations on behalf of the Vendor; and
    - d. Authorized to sign contract documents on behalf of the Vendor.
  4. Fully respond to questions and requests for information set forth in this RFP. The required information may include, but not necessarily be limited to:
    - a. A description of the Vendor's business information including duration of business activity;
    - b. Vendor's experience with like or similar projects;
    - c. References from Vendor's representative clients/customers;
    - d. Vendor's key personnel who will be involved in the project; and
    - e. Disclosure of litigation or known claims pending or asserted against Vendor.
  5. Disclose the name, address, phone number, other contact information, and scope of provided services/goods for each manufacturer, seller, subcontractor, and consultant who will assist the Vendor with the performance of the functions and duties in connection with the project.
  6. Fully complete the Attachments attached to this RFP.
  7. If County has described supplies, services, or both that may be subject to a partial award or multiple awards, each proposal must specify:

- a. Which portion(s) of those supplies, services, or both the Vendor is proposing to provide; and
  - b. If the Vendor is proposing any differential pricing model based upon the scope of the contract which might be awarded to the Vendor, including but not necessarily limited to:
    - i A premium in the event that less than the entire, or a specified portion, of the project scope would be awarded to the Vendor; or
    - ii A discount in the event that the entire, or a specified portion, of the project scope would be awarded to the Vendor.
8. If a proposal contains any information which the Vendor believes is a trade secret or is otherwise entitled to protection as proprietary information, the Vendor has the sole responsibility to clearly identify and delineate the protected information and to otherwise take reasonable measures necessary to protect against the unauthorized disclosure of the protected information.

**F. Units of Measurement:**

1. All price or cost information contained in each proposal shall be stated in US dollars.
2. Unless otherwise expressly specified in the RFP, all quantities described in the RFP and each proposal shall be stated in English units of measurement (*i.e.*; metric units of measure shall not be used).
3. Unless otherwise expressly stated in this RFP, all time periods described in this RFP are expressed in terms of calendar days.

**G. Proposal Evaluation Process:**

1. Each proposal received by the proposal submission deadline as stated in this RFP shall be promptly opened by County and reviewed to determine whether the proposal complies with the requirements prescribed by the RFP and by Ohio law.
  - a. County shall open all timely submitted proposals in a manner that prevents the disclosure of contents of competing proposals to competing Vendors.
  - b. Proposals and any documents or other records related to a subsequent negotiation for a final contract that would otherwise be available for public inspection and copying under section 149.43 of the Ohio Revised Code shall not be available until after the award of the contract.
  - c. Any proposal which County determines fails in any material respect to comply with requirements prescribed by the RFP and by Ohio law shall be rejected and returned to the Vendor without further proceedings.
2. Each proposal which County determines substantially complies with requirements prescribed by the RFP and by Ohio law will be evaluated and ranked by County staff using the factors and criteria developed by the Sheriff's Office which are listed in the Exhibit A attached to this RFP.
  - a. County may initiate and conduct discussions with Vendors for the purpose of ensuring full understanding of, and responsiveness to, the requirements specified in this RFP, and accord fair and equal treatment with respect to any opportunity for discussion with Vendors to provide any clarification, correction, or revision of proposals.

- b. If County determines that discussions with one or more Vendors are necessary, those discussions will be conducted in such a manner as County determines necessary to avoid disclosing any information derived from proposals submitted by competing Vendors during those discussions.

H. **Rejection of Proposals:** County reserves the right to reject, in whole or in part, any proposal which County determines:

1. Contains material exception(s) by the Vendor to the terms and conditions of this RFP;
2. Fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications, and requirements specified in this RFP;
3. Submits prices that County considers to be excessive, compared to existing market conditions, or determines exceed County's available funds; or
4. Would not be in the best interest of the County based upon the factors and criteria described in Exhibit A.

I. **Negotiations:**

1. After completion of the evaluation and ranking process described in this RFP, County will negotiate with the one Vendor who submitted the proposal that County determines to be the most advantageous to the County based on the rankings, including any adjustment to those rankings based on discussions described above.
2. County reserves the right to require that the Vendor provide demonstrations or samples as a part of the negotiations.
3. All of the Vendor's activities in connection with the making of a proposal and conducting negotiations with County shall be at the Vendor's sole cost and expense.
4. *Termination of Negotiations*
  - a. A Vendor engaged in negotiations with County may terminate the negotiations by providing the County with written notice of the Vendor's withdrawal of the Vendor's proposal at any time prior to the County's award of a contract.
  - b. County may terminate negotiations with an Vendor at any time during the negotiation process by providing the Vendor with written notice of the Vendor's failure to provide the necessary information for negotiations in a timely manner or the Vendor's failure to negotiate in good faith, including but not limited to the Vendor's refusal to accept the contents of this RFP and the commitments contained in the Vendor's proposal.
    - i. County's written notice shall provide the Vendor with commercially reasonable notice as to the reasons why the Sheriff's Office has decided to terminate the negotiation process.
    - ii. Unless within five (5) business days of the written notice the Vendor cures the deficiencies described by County in its written notice, the negotiation process between County and the Vendor shall be terminated.
5. If either the Vendor or County terminates the negotiation process, County may commence negotiations with the Vendor whose proposal is ranked the next most advantageous to the County according to the evaluation factors and criteria described in this RFP.

J. **Contract Award:**

1. Following the evaluation and ranking of the proposals submitted in response to this RFP and the negotiations described herein, County may award a contract to the Vendor whose proposal is determined to be the most advantageous to County.
  - a. To the extent described in this RFP, County may award a contract in whole or in part to one or more Vendors.
  - b. The Sheriff's Office shall send a written notice to the Vendor to whom the County wishes to award the contract and shall make that notice available to the public.
  - c. The Contract Documents upon which the contract award and any executed agreement are based shall include the final executed agreement between the County and the Vendor, this RFP (including any addenda issued by the County), and the Vendor's proposal. In the case of any conflict between the terms of any of the Contract Documents, the following order of precedence shall prevail:
    - i The executed agreement, including any exhibits or attachments thereto; and
    - ii This RFP.
  - d. The contract award will not be final until the County and the successful Vendor have executed a mutually satisfactory contractual agreement.
  - e. No contract performance may begin prior to the execution of a contractual agreement between the successful Vendor and County.
  - f. Butler County reserves the right to cancel an award immediately if new state or federal regulations or policy makes it necessary to change the service purpose or content substantially or to prohibit such service.
2. Within a reasonable time period after the award is made, County shall notify all other Vendors that the contract has been awarded to another Vendor.

**Cancellation of the RFP:** County may cancel or reissue this RFP if any of the following apply:

3. The supplies or services offered through all of the proposals submitted in response to this RFP are not in compliance with the requirements, specifications, and terms and conditions set forth in this RFP;
4. The prices submitted by the Vendors are excessive compared to existing market conditions or exceed the County's available funds; or
5. County determines that award of a contract would not be in the best interest of the County.

**K. Other Information:**

1. *Warranties.* Vendor must warrant that all services and goods provided by Vendor in connection with the project comply with the terms of the Contract Documents and will be free from defects for one year after County's acceptance thereof. Vendor shall also assign to the County all manufacturer's warranties applicable to goods provided by Vendor in connection with the project.
2. *Non-solicitation.* During the term of the agreement arising from this RFP and for one-year thereafter, Vendor shall not employ nor solicit for employment any current employee of the County unless such employee was terminated by County without just cause.
3. *Proprietary or Non-public Information.* Vendor shall maintain the confidentiality of any proprietary or otherwise non-public records and information contained in such records which is disclosed to Vendor in connection with the negotiations described herein or the Vendor's performance of an agreement resulting from those negotiations.

4. *Compliance with Laws.* The performance by Vendor and its employees pursuant to the Contract Documents shall comply with all federal, state, and local laws, regulations, and policies/procedures.

## Exhibit “A”

### Specifications for Project

#### 1. Commercial Dishwasher:

- The Butler County Correctional Facility is a single story correctional facility. The building was opened in 2002 and is approximately 235,000 square feet.
- Proposals need to be a turn-key product that provides a solution to washing/sanitizing food trays used to feed inmates.
- The physical size of the unit will need to fit in the existing space in the kitchen as well as the venting, water and drainage requirements must configure to current location. The current system is powered by electric. ***Location of the unit and dimensions will be provided at the mandatory on-site visitation.***
- Presentation should include:
  - Ease of use;
  - Security functions as it is being operated by inmates;
  - Ease of cleaning;
- The equipment must be able to clean/sanitize at least 850 trays three times a day.
- Provide warranty information and preventative maintenance schedule for any unit presented within the RFP.
- Mandatory on-site tours will be conducted on April 20, 2021 and April 22, 2021 at 10 a.m. to provide potential bidders with the physical layout of the current unit at the Correctional Facility. Please email Captain Fisher at [nfisher@butlersheriff.org](mailto:nfisher@butlersheriff.org) and Debra Maloney at [dmaloney@butlersheriff.org](mailto:dmaloney@butlersheriff.org) to RSVP for either of the mandatory on-site visits.
- No Questions and Answers will be provided at the mandatory tour. All Questions and Answers must be emailed to Captain Fisher at [nfisher@butlersheriff.org](mailto:nfisher@butlersheriff.org) after the completion of the tours. The questions and answers will be provided in a separate document on the Sheriff’s and/or Commissioner’s website so that all bidders will have access to this information.



**Exhibit “B”**  
**Proposal Format and Attachments**

The proposal and proposal addenda shall be submitted in the following sections in the following order:

**SECTION 1. Vendor Information.** Provide for each Vendor, Joint Vendor, and Subcontractor:

- A. Full legal name(s) (including any trade name), address, telephone number, and contact person
- B. If other than a sole proprietor, form of business entity, state, and date of incorporation
- C. Name, address, and phone number of each principal
- D. Year established and any former business names
- E. Financial Statements and annual report for past three years
- F. Number of years of experience with phone service and visitation communication systems.
- G. Average length of service for implementation team members
- H. Estimated number of resources to be dedicated to this project from each of the following:
  - Customer support
  - Project implementation and rollout
- I. Number of current installation sites for like or similar projects
- J. Pending litigation and Asserted Claims
  1. Currently pending litigation
  2. Asserted claims (including claims for liquidated damages)
  3. Any litigation filed or resolved within the past five years
  4. Any claims (including claims for liquidated damages) asserted, resolved, or settled within the past five years

**SECTION 2. Product and Service Description:** This section should contain an item-by-item response to the items listed in Exhibit “A” *Description of Services and Goods to be provided for Project*. Screen captures or other brief materials that may serve to assist in describing the functionality may be attached to your response as an Appendix. Any material attached as an Appendix should be specifically referenced from the body of the response.

**SECTION 3. Cost Proposal:**

- A. Please identify the Proposal Quotation Sheet with a “TAB” for location at proposal opening.
- B. Please ensure your cost proposal includes any and all costs required for:
  1. One-time setup fees;
  2. Maintenance;
  3. Training;
  4. Per item fees;
  5. Convenience fees;
  6. Any additional fees or charges not addressed in this RFP; and

7. Percentage increase in cost for optional renewal years.

**SECTION 4. Certificates and Additional Required Forms:** This section should include the original forms, completed as required. Only the original copy of the proposal is required to have content in this section. Failure to include these forms/items with proposal may be reason for proposal disqualification.

A. Civil Rights Compliance affidavit (Attachment A)

B. Non-Collusion affidavit (Attachment B)

**SECTION 5. Appendices as Necessary:** The Vendor should attach any additional related material that is referenced in the earlier sections of their response.

**Attachment “A”**

**Civil Rights Compliance**

Vendor agrees that in the performance of an Agreement, there shall be no discrimination against an employee because of race, color, sex, religion, national origin, or any other factor as specified in the Civil Rights Act of 1964 and subsequent amendments.

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

\_\_\_\_\_  
Signature of Representative of Vendor



**Butler County Ohio**  
**Substitute Form W9 / Ohio Reporting Form**  
**Request for Taxpayer Identification Number and Certification**

In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with fax cover sheet to **513-887-3129**; or by mail to:

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

To **properly complete** the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, **you must check "Yes" or "No"** to the question about providing goods or services as the sole owner of your business. If you check the **"Yes"** box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return). **DO NOT LEAVE BLANK.** If you are an individual or file under your name put your name here.

Business name/disregarded entity name, if different from above.

Check appropriate box for federal tax classification: (check only one box) If Individual PART III below is ALWAYS "YES"

- Individual/Sole Proprietor (or single-member LLC)  C Corporation  S Corporation  Partnership  Trust/Estate
- Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) \_\_\_\_\_
- Other \_\_\_\_\_  Exempt from backup withholding

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Address Line 1 (number, street, and apt. or suite no.)

Address Line 2

City, state, and ZIP code

Requestor's name and address

**Auditor of Butler County**  
**130 High Street, Fiscal Services Dept.**  
**Hamilton, OH 45011**

**Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)**

For suppliers that have a TIN, this must be entered.  
For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.

Taxpayer Identification Number (TIN):  
[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
and / or  
Social Security Number (SSN):  
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

**Part III Additional Information Required by the State of Ohio for Independent Contractors**

Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.
Printed first name, middle initial, and last name	Date good or service provided (MM / DD / YY) / /	Birth date (MM / DD / YY) / /

Describe the Nature of the transactions you will be engaged in with Butler County

**Part IV Additional Information Required by the State of Ohio for Public Employees**

Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", You must answer this question "Yes" or "No". If you answer "Yes" Please fill out the SR-6 Form (Notice of Re-Employment of an OPERS Benefit Recipient)
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**Part V Certification**

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because, (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a US person (including a US resident alien).

**Certification Instructions:** You must cross out exempt from backup withholding above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.  
**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of U.S. person \_\_\_\_\_ Date \_\_\_\_\_



# INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965  
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

First Name

MI Last Name

## STEP 2: Public Employment Information

Name of Public Employer

B U T L E R C O U N T Y O H I O

Employer Contact

First Name

MI Last Name

J I L L M C O L E

Employer Code

Employer Contact Phone Number

2 0 2 5 - 0 8 5 1 3 - 8 8 7 - 3 1 5 5

Service Provided to Public Employer

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

**STEP 3: Acknowledgment**

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

**This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.**

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

**PLEASE RETURN THIS FORM TO THE BUTLER COUNTY  
AUDITOR'S OFFICE AT 130 HIGH STREET, 4<sup>TH</sup> FLOOR  
HAMILTON, OHIO 45011**



Office Phone: 513-887-3154

Office Fax: 513-887-3149

130 High Street

Hamilton, Ohio 45011



For your convenience, the Butler County Auditor's Office offers the opportunity to receive future payments electronically, rather than by check. Payments can be deposited into a checking or savings account of your choice. In addition, you will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally print on the check stub. To receive payments electronically, you must complete this form and return to the address above with a voided check or bank letter containing routing/account information.

Action:	ADD	CHANGE/UPDATE	INACTIVATE	
Payee Name:			Phone No:	
Taxpayer ID:	-		Butler County Employee:	YES      NO
SSN:	-	-		
Address:				
Required E-mail Address:				
Bank Name:				
Bank Routing Number:			Savings Acct No:	
			Checking Account No:	

**ATTACH VOIDED CHECK OR A BANK LETTER CONTAINING ACCOUNT AND ROUTING INFORMATION**

**Authorization:** This authorizes the Butler County Auditor's Office to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. I understand and accept the conditions of participation in the direct deposit program.

This authorization will be in effect until the Butler County Auditor's Office receives a written termination notice from myself and has a reasonable opportunity to act on it.

Print Name:	Title:
Signature:	Date: