



# County of Currituck

## Direct Deposit Enrollment/Cancellation Form

### Section I - Vendor Information

Please type or print clearly

Vendor Name \_\_\_\_\_

Street Address \_\_\_\_\_

PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Used for corresponding with vendor regarding account or distributing payment information only

Social Security Number: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_

Type of Action: Begin Deposit  Effective Date of Change \_\_\_\_\_

Change Information

Cancel Deposit

\*\*\*\* Voided check must be attached or form must be verified by an officer of your bank\*\*\*\*

All invoices for the above listed vendor will be transmitted via direct deposit to the account listed below.

### Section II - Bank Information

#### Bank Account Information:

Bank Name: \_\_\_\_\_ Bank Routing Number (ABA): \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Signature of Bank Officer (If no voided check attached) \_\_\_\_\_

### Section III - Authorization

I herein authorize the County of Currituck to deposit any amounts owed to me by initiating credit entries to my account at the financial institutions stated above. Further, I authorize the Bank to accept and to credit entries indicated by the County to my account. In the event the County deposits funds erroneously into my account, I authorize the County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the County has received notice from me of its termination in such way and in such manner as to afford the County a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

For Office Use Only:

Accounts Payable Records Adjusted -- Date: \_\_\_\_\_ Adjusted by \_\_\_\_\_