



Please Print Clearly or Type. Please indicate whether this request is **NEW** ... or a **CHANGE** .

ALL INFORMATION IS REQUIRED, ALONG WITH A VOIDED CHECK MATCHING THE ACCOUNT INFO GIVEN.

PART 1: VENDOR INFORMATION

Vendor NAME	
Taxpayer ID (Or NCC Vendor Account #)	
Completed By	
Vendor Email	
Vendor Phone	

PART 2: FINANCIAL INSTITUTION & ACCOUNT INFORMATION

Financial Institution NAME	
Branch Address (with City, State, Zip Code)	
9-Digit Transit/Routing/ABA Number	
Account Number	

PART 3: VENDOR AUTHORIZATION, SIGNATURE AND COMPLETION

Initial

- I confirm that I am a principal of or agent for the company listed in Part 1, with fiduciary authority. _____
- I hereby authorize **New Castle County (NCC)** to initiate accounts payable payments to the account listed in Part 2, as well as adjustments for payments made in error, as deemed necessary by NCC. I acknowledge that the origination of ACH transactions to the account listed must comply with appropriate provisions of U.S. law. I agree not to have the entire amount forwarded to a bank account in another country. _____
- I hereby wish to **Cancel my existing ACH Authorization with NCC.** (Do not initial unless cancelling.) _____
- I acknowledge that this authorization shall remain in effect until NCC has received written notification from me (or another account representative) of its termination, in such time and in such manner as to afford both NCC and the financial institution a reasonable opportunity to act upon it. _____

Principal/Agent Signature: _____ **Date:** _____

Please send completed form (with a voided check) by mail, fax or email (or direct any questions) to Erin Coleman.
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