



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 _____