



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

Form with fields: Vendor NAME, Taxpayer ID (Or NCC Vendor Account #), Completed By, Vendor Email, Vendor Phone

PART 2: FINANCIAL INSTITUTION & ACCOUNT INFORMATION

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

PART 3: VENDOR AUTHORIZATION, SIGNATURE AND COMPLETION

- 1. I confirm that I am a principal of or agent for the company listed in Part 1, with fiduciary authority.
2. I hereby authorize New Castle County (NCC) to initiate accounts payable payments to the account listed in Part 2...
3. I hereby wish to Cancel my existing ACH Authorization with NCC.
4. I acknowledge that this authorization shall remain in effect until NCC has received written notification from me...

Principal/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form (with a voided check) by mail, fax or email (or direct any questions) to Erin Coleman. 77 Read's Way, New Castle, DE 19720 • Fax 302-395-5591 • Email housingchoicevoucher@nccde.org • Phone 302-395-5600