



**NEW CASTLE COUNTY**  
**ACH/Electronic Funds Transfer**  
**Vendor Authorization Form**

Please Print or Type

New

Change

**PART 1: VENDOR INFORMATION**

VENDOR NAME	
TAXPAYER ID OR NCC VENDOR AC CT	
COMPLETED BY	
EMAIL Required	
TELEPHONE	

**PART 2. FINANCIAL INSTITUTION INFORMATION**

FINANCIAL INSTITUTION NAME	
BRANCH LOCATION CITY, STATE, ZIP, CODE	
9 DIGIT TRANSIT/ABA NUMBER	
CHECKING ACCOUNT NUMBER Please attach a VOIDED check	

**PART 3. VENDOR AUTHORIZATION**

I hereby authorize New Castle County to initiate accounts payable payments to my (our) account indicated at the depository financial institution named above, and, if necessary, adjustments for payments made in error. I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I agree not to have the entire amount forwarded to a bank account in another country.

This authorization is to remain in full force and effect until New Castle County has received written notification from me (or account representative) of its termination in such time and in such manner as to afford both New Castle County and the financial institution a reasonable opportunity to act on it.

I hereby cancel my (our) ACH/EFT authorization.

<b>SIGNATURE:</b>	
<b>DATE:</b>	

Please mail completed form or direct questions to:

87 Reads Way, New Castle, DE 19720  
 Updated October 2011

(302) 395-5152

[accountspayable@nccde.org](mailto:accountspayable@nccde.org)