



NIAGARA COUNTY

Audit Department
59 Park Avenue
Lockport, NY 14094

Office Use Only:

Vendor # _____

Processed Date _____

Initial _____

Phone: (716)439-7335, (716)439-7333

Fax: (716) 439-7205

VENDOR DIRECT DEPOSIT ENROLLMENT & CHANGE FORM

Vendor / Individual Information: *Fields are required. See instructions #1 - 5 on page 2.

*Name: _____
Business or Last First MI

*Address: _____
Street City State Zip Code

*Email: _____ A/R Contact Name: _____
This will be used for payment notification only For Businesses/Companies only

*Tax ID/Social Security#: **Last 4 digits only:** _____ *Phone#: _____

Check the appropriate box:

- ☐ I am enrolling in direct deposit for the first time.
- ☐ I am changing my direct deposit to another account and/or financial institution.
- ☐ I would like to terminate my direct deposit. Date of Termination: _____
- ☐ I would like to enroll in the Virtual Card Program. (must accept Credit Cards) See instruction #7 on page 2.
- ☐ Municipalities Only: Use for tax related payments.

Deposit Information: Please complete the information below.

1) Must provide and include with this form either a voided check or a letter from your financial institution showing your name, address, routing# and bank account# for direct deposit. See instruction #6 on page 2.

*Account Type – Choose One: ☐ Checking ☐ Savings

*Name of Financial Institution: _____

*Address of Financial Institution: _____

*Routing#: _____ *Account#: _____

The undersigned below has the authority to grant permission and hereby authorizes Niagara County to deposit payments into my account at the financial institution identified above. In the event of an overpayment, and only after written notice is provided to the vendor or individual, Niagara County will be authorized to make withdrawals on this account to adjust for any overage. This authorization remains in effect for the duration of my contract, or until Niagara County wishes to discontinue the service, or has received a signed termination form.

*Signature: _____ Title: _____
Authorized Signer Title only if applicable

*Print Name: _____ *Date: _____

Instructions for Completing This Form

1. Complete the Vendor/Individual Information at the top of this form. All fields are required unless otherwise noted.
2. Check the appropriate box to indicate whether you are enrolling for the first time, making a change, stopping your direct deposit, enrolling in the Virtual Card Program or a municipality for tax related payments. You must accept credit cards payments in order to enroll in the Virtual Card Program.
3. For the Deposit Information, please check the appropriate box to indicate whether you want your payments deposited in your checking or savings account. Complete the boxes for name of financial institution, routing number and account number.
4. Be sure to provide either a voided check or a letter from your financial institution showing your name, address, full routing# and full account# or we cannot process this form.
5. Have an authorized individual of your company fill in their name and then sign, indicating their title and date of the form. If you are an individual, please sign and print your full name, a title is not applicable.
6. **Mail completed form to your Niagara County departmental contact,**

or
Niagara County Audit Department
59 Park Avenue
Lockport, NY 14094

Mailing is preferred, but we will accept faxes at (716) 439-7205. We ask that you DO NOT EMAIL this form with your bank account information on it in order to prevent fraud.

Please note: It is your responsibility to ensure that the information provided to Niagara County is accurate, complete and legible. Also, please allow a reasonable amount of time for the information within this form to be executed.

CHANGES: Vendors or individuals may change their financial institution and/or account information by completing a new Vendor Direct Deposit Enrollment & Change Form.

NOTE: ACH payments made to a new or changed bank account will use the prenote process to verify account information. The first payment will be a paper check to the Vendor's remit address. When verified, future payments will be made by ACH.

7. **Virtual Card Enrollment:** If you would like to find out more and/or self-enroll to accept a virtual Credit Card as a payment method, please e-mail: kontrolpayablessupport@repay.com. Once enrolled please return enrollment information to your accounts payable contact or the Audit Department.