

# DIRECT DEPOSIT AUTHORIZATION FORM

Action Requested: (check one)

 NEW CHANGE\* CANCEL

Please mail, fax, or email completed form to:

Child Development Division  
280 State Drive, NOB 1 North  
Waterbury, VT 05671-1040  
Fax: 802-241-0850  
laura.lyford@vermont.gov

## STATE OF VERMONT Use Only

VISION Vendor ID:

VISION Process Date:

Processed By:

If you have questions when completing this form, contact the Child Development Division at 800-649-2642.

## Section 1: Vendor Identification

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE	
TAXPAYER IDENTIFICATION NUMBER (EIN or SSN)	VERMONT VENDOR ID NUMBER (if available)	

## Section 2: Banking Information

BANK NAME	
ROUTING NUMBER (9 digits)	ACCOUNT NUMBER
ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
*CHANGE Request - <u>Previous</u> Bank Account Number:	

@ ANY BANK  
City, State Zip Code

MEMO \_\_\_\_\_

|: 123456789 | : 1002345678 |" 102  
Routing No. Account No.

## Section 3: Vendor Authorization

I authorize the State of Vermont to initiate/change/cancel ACH credit entries to the above bank account, I further authorize the State of Vermont to reverse any payment made to this account in error.

SIGNATURE	PRINTED NAME
TITLE	DATE



Agency of Human Services