

# VENDOR ACH AUTHORIZATION FORM

Action Requested: (check one)     NEW     CHANGE     CANCEL

## Section 1: Vendor Identification

VENDOR NAME		
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			
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	ROUTING NUMBER (9 digits)		
ACCOUNT TYPE (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

## 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

Please mail, fax, or email completed form to:

Child Development Division  
Vermont Agency of Human Services  
103 South Main Street, 3 North  
Waterbury, VT 05671-5500  
Email: [rachel.smith@state.vt.us](mailto:rachel.smith@state.vt.us)  
Fax: 802-769-2064

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

### STATE OF VERMONT Use Only

VISION Vendor ID:
VISION Process Date:
Processed By:



**Child Development Division**