

ENROLLMENT FORM for DIRECT DEPOSIT

Please check the appropriate box:

New Account	Cancel Direct Deposit	Change Bank Account

VENDOR INFORMATION	
Vendor Number	
Vendor Name:	
Vendor Address:	
City, State, Zip Code	
Contact Person	
Phone Number	
TIN# or SSN#	
Bank Name	
Bank Routing Number	
Bank Account Number	
Bank Account Type (Checking or Savings)	
Mail check Remittance Advice (Yes or No)	

To set up your payment for Direct Deposit you must:
<p>Have the bank account number currently set up at your bank</p> <p>Provide the bank account routing/transit number for your bank to NLACRC</p> <p>Provide NLACRC with a W-9 form</p> <p>Provide NLACRC with a copy of a voided check</p> <p>Complete one (1) enrollment form for each vendor number</p> <p>For P&I Funds Only: Complete a separate enrollment form for P&I (Personal & Incidental) funds</p>

The vendor hereby authorizes NLACRC to direct deposit funds to the bank account indicated above. The vendor agrees to notify NLACRC, in writing, and provide NLACRC with a new Enrollment Form, W-9 Form, and Voided Check if any of the above information changes OR if the vendor wishes to terminate direct deposit.

Vendor Signature	
Full Printed Name	
Dated:	