



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

*Please Print or Type*

New

Change

**PART 1: VENDOR INFORMATION *(all information is required)***

VENDOR NAME	
TAXPAYER ID <i>OR NCC VENDOR ACCT</i>	
COMPLETED BY	
EMAIL <i>Required</i>	
TELEPHONE	

**PART 2. FINANCIAL INSTITUTION INFORMATION**

FINANCIAL INSTITUTION NAME	
BRANCH LOCATION <i>City, State, Zip Code</i>	
9 DIGIT TRANSIT/ABA NUMBER	
CHECKING ACCOUNT NUMBER <i>Please attach a VOIDED check</i>	

**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.

I, \_\_\_\_\_, hereby certify that I am an authorized representative of) \_\_\_\_\_  
\_\_\_\_\_. I further certify that the information set forth above is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

Please mail **Original** completed form and **Original** voided check to:  
Accounts Payable:87 Reads Way New Castle, DE 19720  
Direct questions to (302) 395-5152 or [accountspayable@newcastlede.gov](mailto:accountspayable@newcastlede.gov)