

# 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: 802-241-0846

## 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 \_\_\_\_\_  
①: 123456789     ②: 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