



OFFICE OF THE CLARK COUNTY COMPTROLLER

Jessica Colvin, Comptroller
500 S Grand Central Pkwy PO Box 551210
Las Vegas, NV 89155-120

ACH Direct Deposit
Enrollment Form

Office Use Only
Vendor #
Regular Unity

Name & Mailing Address: Tax Identification Number
E-mail address (please print clearly):
Contact Name: Daytime Phone:
Name of Financial Institution: (Item 3 below):
Name(s) on Account: (Item 1 below):
Routing Number: (Item 4 below) Account Number: (Item 5 below)
Please Credit: [ ] Checking account [ ] Savings account
(Select One) (attach voided check) (attach deposit slip)

I hereby authorize the Clark County Comptroller's to deposit funds into my (our) account at the named financial institution for payment of accounts payable invoices/requests.

I understand and acknowledge the following:

- That I must notify Clark County Comptroller's office of any changes of the contact person and e mail address.
That I must notify the Comptroller's Office in writing if I change financial institutions or if my account information changes.
That the Direct Deposit will continue unless I notify the Comptroller's Office in writing to discontinue the program.
That if this deposit is rejected by my financial institution, I may be excluded from further participation in the Direct Deposit program.

Signature

Date

- 1. Name(s) on account
2. Check number
3. Name of Financial Institution
4. Routing number
5. Account number

Form with fields for Name of Depositor, Street Address, City, State, Zip, Date, Pay to the Order of, Name of Financial Institution, For, and routing/account numbers.

Please remember to sign above and attach voided check or savings deposit slip to form.