



CLARK COUNTY COMPTROLLER'S OFFICE
Anna Danchik, Comptroller
500 S Grand Central Pkwy PO Box 551210
Las Vegas NV 89155-1210
**ACH Direct Deposit
Enrollment Form**

Office Use Only

Vendor # _____

Regular

Unity

Name & Mailing Address	Tax Identification Number (Attach a completed W-9 form)
	E-mail Address
Contact Name	Daytime Phone
Name of Financial Institution	
Name(s) on Account	
Routing Number	Account Number
Please Credit: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account (Select One) (attach voided check) (attach Routing & Account numbers)	

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

Please remember to sign and date above and attach a voided check or bank letter to this form.