



Direct Deposit of Vendor Payments Enrollment Form

Applicant Information

Name of Business OR Name as shown on your tax return:

Social Security Number EIN/FEIN

Account Information

Name of Financial Institution:

Routing Number:

Account Number:

Checking Savings

Notification & Terms

Deposit Advice Delivery Method: Email Fax Email Address or Fax Number:

Payment Terms: Net 10 Net 15 Net 30 Net 45

(Default Terms are Net 30)

Authorization Agreement & Signature

I hereby authorize **City of Newark** to initiate automatic deposits to my account at the financial institution named above. I also authorize **City of Newark** to make withdrawals from this account in the event that a credit entry is made in error.

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

TO SUBMIT FORM (choose one of the following ways):

- Email: Accounting@newark.de.us
- Mail: City of Newark
Attention: Accounting
220 S. Main Street
Newark, DE 19711
- Fax: (302) 366-7169

FOR QUESTIONS? PLEASE CONTACT:

- Accounting: (302) 366-7080
Accounting@newark.de.us
- Purchasing: (302) 366 - 7022
Purchasing@newark.de.us