

Douglas County Finance Department

Vendor Information Form



GENERAL BUSINESS INFORMATION

Legal Business Name, Proprietor's Name or Individual's Name:	
Doing Business As (DBA):	
Remittance Mailing Address:	
City:	
State:	
Zip Code:	
Physical Address (if different):	
City:	
State:	
Zip Code:	

CONTACT INFORMATION

Authorized Representative:	
Office Number:	
Cell Number:	
Other Contact Person:	
Other Contact Number:	
Company Email Address:	

FEDERAL TAX ID

Federal Tax ID Number:	
Is your organization's W9 attached?	YES NO

ELECTRONIC FUNDS TRANSFER

Complete section AND provide a copy of a voided imprinted check for the account. If there are no checks for this account, a signed letter from your banking institution must accompany this form. **Note: All the information on this form and the supporting documentation MUST MATCH.** By signing this form, you authorize invoices submitted to Douglas County, NV to be paid via automated clearing house ("ACH") to the bank account listed below and said account can accept ACH payments. You understand that this authorization will remain in effect until you cancel it in writing, and you agree to notify Douglas County, NV, Finance Department in writing of any changes in your account information or termination of this authorization at least 15 days prior to the next invoice date. Account information changes and cancellation notices should be sent to the address listed at the bottom of this form, Attention: Finance.

Bank Name:	Account Type: CHECKING SAVINGS
Transit Routing Number:	Bank Account Number:
Payment Notification Email:	

Authorized Signature

Date

Name and Title (Printed)