



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 (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: <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 _____

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

1	2	
Name of Depositor		
Street Address		
City, State, Zip		
Date _____		
Pay to the Order of _____		
_____ Dollars		
3	Name of Financial Institution	
For _____		
4	5	2

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