



# Kane County, Illinois – Treasurer's Office

## Vendor Form

### Remittance, Contact, and General Information

Federal Tax ID or Social Security #: \_\_\_\_\_ (W-9 also required)

Individual or Legal Business Name: \_\_\_\_\_ (Please write the full name exactly as listed on your tax return.)

Contact Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (A valid e-mail address must be provided for remit notices).

What is the scope of your work with Kane County?  Performing services  Supplying goods  Other \_\_\_\_\_

If performing services, are the services considered legal or medical by the IRS?  Yes, legal  Yes, medical  No

If you are performing services for Kane County, do you have a contract?  Yes  No  N/A, not performing services

What Department/individual are you working with at the County? \_\_\_\_\_

Are you a current or former Kane County employee?  Yes  No If yes, which Dept/Office did you work in? \_\_\_\_\_

### ACH Authorization Agreement

I (Company) hereby authorize the Kane County, Illinois, hereafter called County, to initiate credit entries to my (our) account at the depository financial institution named below, herein after called Depository and to credit the same to such account. If County funds to which I (Company) am not entitled are deposited in my (our) account, I (Company) authorize the County to direct the Depository to return those funds. I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and the rules as set forth by the National Automated Clearing House Association (NACHA).

This authorization is to remain in full force and effect until the County has received a notice of termination from me, or a company representative, in such time and in such manners as to afford the County a reasonable opportunity to work on it. I (Company) further acknowledge that any remittance information associated with payments that I (Company) receive will be made available to me through a Notice of Payment sent by the County to the e-mail address designated by me (Company).

### Bank Account Information

Depository Name: \_\_\_\_\_ ACH/Direct Deposit is required for all new vendors

Bank ABA Routing Number: \_\_\_\_\_ (9 digits at the bottom of your check, do not include spaces or hyphens—contact your bank if you have questions).

Account Number: \_\_\_\_\_ (Do not include spaces or hyphens).

Account Type:  Checking  Savings (Select One)

### Signature

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

All information is required. Please fill out every field and **attach a voided check or bank letter to this form, along with a completed W-9** and **mail** it to Kane County Treasurer's Office, 719 S. Batavia Avenue, Building A, 2nd Floor, Geneva, IL 60134 or **e-mail** it to [vendor@co.kane.il.us](mailto:vendor@co.kane.il.us). Questions, Comments, Concerns? E-mail or call us at (630) 444-3181.

**NOTE: It is Kane County Policy to call and verbally review all information on this form. Please expect a phone call from us.**

