



Kane County, Illinois – Treasurer’s Office Vendor Change Form

For a change to any of the items listed below, fill in the old information on file with Kane County on the left, and the new information you are requesting to update on the right. Changes to Name, Tax ID/SS# require a new completed and signed W-9. Changes to bank information require a voided check/bank letter be submitted that shows the new bank account information. Return these completed documents to the individual you are working with at Kane County. You will then be contacted to verify the requested changes. Should you have any questions regarding this form, feel free to contact the Kane County Treasurer’s Office vendor@co.kane.il.us.

Information on File with Kane County:	Change to Vendor Name/ID (New W-9 Required):
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Vendor Name: _____

Federal Tax ID/SSN: _____

Information on File with Kane County:	Change to Contact Information:
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Contact Person _____

Remittance Address: _____

City, State, Zip Code: _____

Phone #: _____

Remit Email: _____

Information on File with Kane County:	Change to Bank Info (Voided Check/Bank Letter Required):
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ACH Bank Name: _____

ACH Bank Routing #: _____

ACH Bank Account #: _____

ACH Account Type: Checking Savings Checking Savings

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).

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

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____