



Kane County Treasurer's Office

New Vendor Form

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

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 e-mail it to vendor@kanecountyil.gov. If you have any questions, E-mail or call us at (630) 208-5101.

General Information Section

Name/Business Name:	_____	(Exactly as appears on W-9)
Doing Business As:	_____	(Exactly as appears on W-9)
Federal Tax ID # or SSN:	_____	
Remittance Address:	_____	
City, State, Zip Code:	_____	
Contact Name:	_____	
Phone Number:	_____	
Contact Email:	_____	(Account Inquiries)
Remittance Email:	_____	(Remittance Notices)

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:

Bank Name:	_____	(Exactly as appears on Check)
Bank ABA Routing #:	_____	(Exactly as appears on Check)
Account #:	_____	(Exactly as appears on Check)

Account Type: Checking Savings

Employee Questions

Answer these if you are a Kane County Employee.

What is your job title at Kane County? _____

What Department are you working with at the County? _____

Who is your AP coordinator? _____

Do you have a Pending PEV? Yes No

WIOA Questions

Answer this question if you are receiving a grant under the Workforce Development Program (WIOA).

Who is your Kane County Coordinator? _____

Vendor Questions

Answer these if you are being paid for services 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, Medical Yes, Legal No

Do you have a contract with or have you already performed the work for Kane County?

NA, not performing Services Yes No

What Individual & Department are you working with at Kane County? _____

Are you a current or former employee of Kane County? Yes No

If yes, what department do/did you work in: _____

Business Ownership Information:

Minority Owned Business (MBE) Veteran-Owned Business (VBE)

Woman Owned Business (WBE) None of the Above.

Certified Small Business (SBE)?

Signature:

Authorized Signature: _____

Print Name: _____

Title & Date: _____