



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 on the left, and the new information 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. Should you have any questions regarding this form, feel free to contact the Kane County Treasurer’s Office vendor@kanecountyil.gov.

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

Information on File with Kane County:	Change to Vendor Name/ID (New W-9 Required)
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Vendor Name: _____	_____
D/B/A: _____	_____
Federal Tax ID/SSN: _____	_____

Information on File with Kane County:	Change to Contact Information:
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Contact Person: _____	_____
Contact Email: _____	_____
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 <input type="checkbox"/> Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

Public Act 102-0265 Business Status

Minority Owned Business Woman Owned Business Certified Small Business
Veteran Owned Business None of the Above

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).

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____