



ACH AUTHORIZATION (Direct Deposit)
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 SFN 52477 (10-2005)

| VENDOR INFORMATION | | |
|-------------------------------------|-------|------------------|
| Vendor Name | | |
| Address | | |
| City | State | Zip Code |
| Contact Name (Please print or type) | | Telephone Number |
| E-Mail Address | | EIN/SSN |

Type of Change (please check one of the following):

New
 Revised
 Bank Change
 Authorized Signature Change

Type of Business (please check one of the following):

Nonprofit or Government Entity
 Corporation
 Individual or Sole Proprietorship
 Other (Please Specify) _____
 Partnership

| BANK INFORMATION | | |
|--|--|--|
| Financial Institution Name | Type of Account <input type="checkbox"/> Checking | Is this an interest-bearing account? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financial Institution Routing Number | Vendor Account Number | |
| Program (Please check one) <input type="checkbox"/> CDBG <input type="checkbox"/> HOME Funds <input type="checkbox"/> ESGP <input type="checkbox"/> Americorps <input type="checkbox"/> Other _____ | | |
| This ACH form will authorize all payments for this program to be automatically deposited into the financial institution listed above. | | |
| Signature of Authorized Vendor | Printed Name of Authorized Vendor | Date |
| Signature of Authorized Vendor | Printed Name of Authorized Vendor | Date |

I certify that the signatures above are of the Individuals Authorized to Draw for the Request for Funds. (The Certifying Official cannot be one of the above signatures.)

| | |
|--|------|
| Signature of Certifying Official (Grantee) | Date |
|--|------|

| STATE AGENCIES REQUESTING VENDOR INFORMATION | | | | |
|---|---|---------------|-------------|------|
| Send completed form to: Department of Commerce PO Box 2057 Bismarck, ND 58502-2057 Telephone: 701-328-5300 Fax: 701-328-5320 | Vendor Registry Use Only <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Vendor Number</td> </tr> <tr> <td>Approved By</td> </tr> <tr> <td>Date</td> </tr> </table> | Vendor Number | Approved By | Date |
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| Approved By | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">Approved By DOC</td> </tr> <tr> <td>Location Name</td> </tr> </table> | Approved By DOC | Location Name | | |
| Approved By DOC | | | | |
| Location Name | | | | |
| DOC will forward original signed form to ND Vendor Registry Office. | | | | |