

**STATE OF VERMONT  
SUPPLIER ACH AUTHORIZATION FORM**



Action Requested: (check one)  NEW  CHANGE  CANCEL

**Section 1: Supplier Identification**

SUPPLIER NAME		
ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE	EMAIL
TAXPAYER IDENTIFICATION NUMBER [EIN or SSN]	VERMONT SUPPLIER ID NUMBER (if available)	

**Section 2: Banking Information**

BANK NAME			
ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	ROUTING NUMBER (9 digits)	ACCOUNT TYPE (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

CHANGE Request - Previous Bank Account Number:

**Section 3: Supplier Authorization**

I authorize the State of Vermont to initiate/change/cancel ACH credit entries to the above bank account. I further authorize the State of Vermont to reverse any payment made to this account in error.

SIGNATURE		
PRINTED NAME	TITLE	DATE

**Please Mail or Fax Completed Form to:**

VT Dept of Finance & Management  
109 State St, 4<sup>th</sup> Floor  
Montpelier, VT 05609-5901

Fax: 802-828-2434  
Email: [VISION.SupplierRequests@vermont.gov](mailto:VISION.SupplierRequests@vermont.gov)

If you have questions when completing this form, contact the VT Dept of Finance & Management at 802-828-1259.

STATE OF VERMONT Use Only		
VISION Supplier ID:	VISION Process Date:	Processed By: