

Vendors Information Form

Company name: _____

Email address: _____

Fax phone number: _____

Office phone number: _____

Cell phone number: _____

Other: _____

Signature: _____ Date: _____

- I would like my 1099 **emailed** to me
- I would like my 1099 mailed to me

NOTE: a new W-9 must be completed and turned in to us if you are changing 1099 information. See [www// IRS.gov](http://www.irs.gov) for latest W-9 form

To change banking information please complete the form below and attach a voided check

Authorization Agreement for Automatic Deposit (ACH Credits)

Company Name: Housing Authority of Frankfort

Company ID: 61-6000209

I (we) hereby authorize the Housing Authority of Frankfort, hereby call the company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credits entries in error to my (our) Checking Savings (**select one**) indicated below and the depository named below, hereinafter call DEPOSITORY, to credit and/or debit the same to such account.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ ABA no. _____ Account No. _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Print **Name:** _____ **Id No.** (as appears on W-9) _____

Date _____ **Signature** _____