

---

**Vendor Enrollment and Change Form**

- 1) Purpose of Intent:                      New Enrollment              Change Existing
- 2) Vendor Name:
- 3) Payment Type:                      Check                      ACH  
(If 'Check' is selected, fields 5-9 are not required)
- 4) Remit Address:
- 
- 5) Bank Name:
- 
- 6) Bank Account Number:
- 
- 7) Bank Routing Number:
- 
- 8) Account Type:                      Checking                      Savings
- 9) E-mail address for ACH remittance advice:
- 
- 10) Authorized Contacts              1.  
(Full Name & Title):                      2.
- 
- 11) Contact Phone Number:
- 
- 12) Authorized Signature:
- 
- 13) Date:

**PLEASE MAIL THIS COMPLETED FORM ALONG WITH A CURRENT W-9 FORM.  
IF REQUESTING PAYMENT VIA ACH, INCLUDE A VOIDED CHECK (NO COPIES) OR SIGNED BANK LETTER ON BANK LETTERHEAD TO:**

**Town of Herndon  
Attn: Accounts Payable  
777 Lynn Street  
Herndon, VA 20170**