



**CITY MANAGER'S OFFICE**  
CITY OF NEWARK

220 South Main Street · Newark, Delaware 19711  
302.366.7000 · Fax 302.366.7035 · www.newarkde.gov

**DIRECT DEPOSIT OF VENDOR PAYMENTS ENROLLMENT FORM**

**Applicant Information & Terms**

Name of business OR Name as shown on your tax return:

\_\_\_\_\_

Social security number:  
(Individuals only)

\_\_\_\_\_

Employment identification number (EIN):  
(Businesses only)

\_\_\_\_\_

Email address - required:

\_\_\_\_\_  
(For deposit advice delivery method / For Purchase Order delivery)

Payment terms:  
(Default terms are Net 30)

\_\_\_\_\_ Net 15    \_\_\_\_\_ Net 30    \_\_\_\_\_ Net 45

**Account Information**

Name of bank/financial institution:

\_\_\_\_\_

Bank routing number:

\_\_\_\_\_

Bank account number:

\_\_\_\_\_

Bank account type:

\_\_\_\_\_ Checking account    \_\_\_\_\_ Savings account

**Authorization Agreement & Signature**

I hereby authorize the City of Newark to initiate automatic deposits to my account at the financial institution named above.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date