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							
☐ Nonprofit of Government Entity ☐ Corporation							
☐ Individual or Sole Proprietorship ☐ Other (Please Specify)							
□ Partnership ————————————————————————————————————							
BANK INFORMATION							
					Is this an interest-b	earing account?	
			☐ Checking ☐ Yes ☐ No			□ No	
Financial Institution Routing Number  Vendor Account Number							
Program (Please check one)  CDBG HOME Funds ESGP Americorps 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			d Vendor		Date	
Signature of Authorized Vendor Printed Name of Author				 thorized Vendor		Date	
I certify that the signatures above are of the Indivicannot be one of the above signatures.)	duals <i>i</i>	Authorize	ed to D	raw for the	e Request for Fi	unds. (The Certifying Official	
Signature of Certifying Official (Grantee)						Date	
STATE AGENCIES REQUESTING VENDOR INFORMATION							
Send completed form to:  Department of Commerce						Vendor Registry Use Only	
PO Box 2057	Approved By DOC					Vendor Number	
Bismarck, ND 58502-2057	Location Name				4	Approved By	
Telephone: 701-328-5300 Fax: 701-328-5320	Localic	ii i vaille				TAPPIOTOG DY	
DOC will forward original signed form to ND Vendor Regsitry Off					Regsitry Office.	Date	