



Buncombe County ~ North Carolina  
Finance Department  
Electronic Banking Data Form

ACCOUNT TYPE: CHECKING

SAVINGS

VENDOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

FEDERAL TIN (Tax ID#) \_\_\_\_\_  
( or Social Security Number)

**(For Contract Vendors only)**

Contact Person \_\_\_\_\_  
(Your Name)

Contact Phone Number / Fax# \_\_\_\_\_  
(Your Phone #)

Contact E-mail address \_\_\_\_\_  
(Your signature confirms this to be a secure e-mail site for payment information)

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_  
(SAVINGS ACCT.)

**Include VOIDED check sample showing routing number & account number. (Your routing number & account number will be on the bottom portion of your check.)**

Your Name	1234
Your Address	
Your Phone	_____ Date
Pay to the order of	<b>VOIDED CHECK</b> \$ <input type="text"/>
	_____ Dollars
<b>YOUR BANK NAME</b>	
For	<b>SAMPLE CHECK</b>
:123456789 :0123456789" 1234	

SIGNATURE: \_\_\_\_\_

Please return signed form to Buncombe County Finance Department