



Vendor Direct Deposit Cancellation Form County of Augusta

I no longer wish to have my payments from County of Augusta direct deposited into my account.

Name(s) on the Account _____

Trading/Vendor name _____

Mailing Address _____

Contact Person _____

Phone Number _____

Financial Institution _____

By my signature below, I certify that I am an authorized signer on the account listed above.

Signature/Title _____ Date _____

Mail completed form to: County of Augusta Accounts Payable, P.O. Box 590, Verona, VA 24482. Call 540-245-5741 if you have any questions.

For Office Use Only

Vendor number _____

Date cancelled _____