

## VENDOR (COMPANY or INDIVIDUAL), LANDLORD, TENANT ACH/DIRECT DEPOSIT PARTICIPATION REQUEST FORM

COUNTY OF FAIRFAX
Department of Housing and Community Development
Finance Division
3700 Pender Drive, 3<sup>rd</sup> Floor
Fairfax, VA 22030
(Secure Fax) 703-653-1362
Email: DHCDVendors@fairfaxcounty.gov

## **Vendor/Company Information**

Vendor/Company Name

Address

67. 67. 710.6	
City, State, ZIP Code	
Contact Name	
(If applicable)	
Contact Phone Number	
(Required)	
Contact Email Address	
(Required)	
Request – Please check one:	
Request Tieuse circux one.	
[ ] I would like to request my payments to be sent as ACH/Direct Deposit transactions to my account.	
[ ] I would like to request an update to my ACH/Direct Deposit.	
Signature	
Date	

A representative from the Office of Finance will be contacting you to request additional information and to assist you in this process.