



# MONROE COUNTY, FLORIDA BOARD OF COUNTY COMMISSIONERS VENDOR INFORMATION UPDATE REQUEST FORM

This form is to be completed to update vendor information in Monroe County, Florida vendor record. Vendor must complete the entire form and include all required documentations to support the change request.

**Do not use this form for name or tax ID change request; this is considered a new vendor creation.**

Individual or Business Name: \_\_\_\_\_

Vendor EIN or last 4 digits SSN: \_\_\_\_\_

Vendor Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select the type of change:            Banking Information            Mailing or Remittance Address

<b>SECTION A – FINANCIAL INSTITUTION INFORMATION</b>		
<small>Must include a <b>VOIDED check</b> or a <b>Bank Certification Letter</b>. A <b>VOIDED check</b> must have the vendor's preprinted name. A <b>Bank Certification Letter</b> may have the bank representative's signature. We do not accept deposit slips or a vendor's internal remittance letter.</small>		
<b>New Bank Information:</b> Bank Account Type:    Checking    Savings Bank Name: _____ Name on Account: _____ Bank Routing Number: _____ Bank Account Number: _____	<b>Previous Bank Information:</b> Bank Account Type:    Checking    Savings Bank Name: _____ Name on Account: _____ Bank Routing Number: _____ Bank Account Number _____	
<b>SECTION B – MAILING OR REMITTANCE ADDRESS INFORMATION</b>		
<small>Must include a completed <b>IRS Form W9</b> and a copy of <b>vendor invoice with the new billing address</b>.</small>		
<b>New Mailing Address:</b> Address: _____ City: _____ State: _____ Zip: _____	<b>Previous Mailing Address:</b> Address: _____ City: _____ State: _____ Zip: _____	
<b>SECTION C – VENDOR AUTHORIZATION</b>		
<small>The form must be signed by a person with check signing authority for the company listed. Under penalties of perjury, I certify that the above information is complete and accurate. I authorize Monroe County, Florida to remit payment into the bank account or/and address indicated above. This authorization will remain in effect until Monroe County, Florida has received, in writing, a cancellation notification.</small>		
_____ Signature	_____ Title	
_____ Print Name	_____ Phone Number	_____ Date
STATE OF _____ COUNTY OF _____		
The foregoing instrument was acknowledged before me by means of    physical presence or    online notarization, this _____ day of _____ 20____, by _____.		
<small>Name and Title</small>		
(SEAL)	_____ <small>Print, Type, Stamp Commissioned Name of Notary</small>	
Personally Known _____ OR Produced Identification _____ Type of Identification Produced: _____		