



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
Completed forms may also be faxed to 540-245-5742 or emailed to CA@co.augusta.va.us
Call 540-245-5741 if you have any questions.

For Office Use Only

Vendor number:

Date cancelled: