



## NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY VENDOR DIRECT DEPOSIT AUTHORIZATION FORM

**SUBMIT WITH PROVIDER APPLICATION OR PROVIDER INFORMATION UPDATES TO ATTENTION  
Lani Laporte, Contract Manager, llaporte@norcocmh.org**

North Country Community Mental Health (“North Country”) provides vendors the option of being paid electronically. Your payments will be deposited into the checking account of your choice. To receive payments electronically, you must complete, sign and return this form to the address or email above.

By completing this form, you are authorizing North Country to initiate electronic payments into your account. You are also authorizing North Country to initiate corrections/reversals if an incorrect payment was processed.

Payee Information			
Payee Name:		SSN or Federal ID #:	
Email address for remittances:			

Bank Information			
Bank Name:			
Name on Account:			
Account #:			
Routing #:			
Account Type	Checking	Savings	Loan

**Name(s):**  
*Please print* \_\_\_\_\_

**Title:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**