



VIRGINIA ECC VENDOR SETTLEMENT AUTHORIZATION FORM

Full Legal Business Name Vendor ID #: _____ Date: _____

Authorizes Xerox, on behalf of Virginia Department of Social Services (VDSS) and its designated financial institution, Wells Fargo, and the financial institution listed below to deposit reimbursement funds to and debit from (equipment) the indicated account for activity related to the Commonwealth of Virginia Child Care Subsidy Program subject to the terms of the Vendor Agreement.

Step 1: Choose () One: First Submission Change in Banking Info

Step 2: Choose () One : BUSINESS (has FEIN on file with VDSS) INDIVIDUAL (No DBA, has SSN on file with VDSS)

Step 3: Complete Vendor Information and Payment Method:

DBA (Business Name)

Authorized Individual Name

Title

Address

City/State/ZIP

Telephone Number

Authorized Signature

Payment Method - Choose () One:

Direct Deposit (Please see additional information In Step 4 below)
Account Type (choose one):
 Checking Savings

ABA Bank Routing Number

Account Number

 Debit Card (INDIVIDUAL only)
Note: This form will be rejected and may delay payment if the vendor is a BUSINESS with a DBA, has a FEIN on file with VDSS for this Vendor ID, and Debit Card payment method is selected.

Step 4:

For checking accounts:

- Attach a Voided Check, deposit slips **CANNOT** be accepted as a form of proof.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

For savings accounts:

- A Deposit Slip for Savings Accounts **CAN** be accepted.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

NOTE: Failure to follow directions in Step 4 MAY result in funds being rejected or deposited into the wrong account.

Step 5:

Return completed form to:

**Mailing Address:
Xerox Corporation
P.O Box 80589
Austin, TX 78708**

**Fax Number:
888-474-7160**

Questions? Contact us at ECCOperations@xerox.com