

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information:

Vendor Information	
FEIN/SSN Number _____	Sfx (State use only) _____
Vendor Name _____	
TIN Name _____	
Street _____	
City _____	State _____ Zip _____
Telephone # _____	Contact _____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.
3. Complete Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: New Enrollment Financial Institution or Account Change

Financial Institution Information	
Bank Name _____	
Branch _____	
or correspondent Bank (if applicable)	
City _____	State _____ Zip _____
Transit/ABA No. _____	
Account No. _____	
Account Type (select one):	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice or cancellation from me.

Signature _____ Date _____

Name Printed _____ Job Title _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

Signature _____ Date _____

Name Printed _____ Job Title _____

c: Finance Cabinet

Agency

Vendor

