ACH AUTHORIZATION FORM (Direct Deposit)

NORTH DAKOTA OFFICE OF MANAGEMENT & BUDGET

SFN 51620 (12-2006)

OMB Use Only

Vendor Number

VENDOR INFORMATION		
Vendor Name		
Address		
City	State	Zip Code
Contact Name (Please print or type)		Telephone Number
E-Mail Address		EIN/SSN

Type of Change (please check one of the following):

☐ New (Complete Part B only below) ☐ Revised (Complete Part A and B below)

Type of Business (please check one of the following):

☐ Nonprofit or Government Entity

☐ Individual or Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Other (Please Specify) _____

If your organization has more than one direct deposit account, please indicate below which funds or types of payment belong with this ACH information.

PART A: Old Account Information	PART B: New Account Information
Title of Fund or Type of Payment	Title of Fund or Type of Payment
Financial Institution Name	Financial Institution Name
Type of Account ☐ Checking ☐ Savings	Type of Account ☐ Checking ☐ Savings
Account Number	Account Number
Bank Routing Number (exactly 9 digits)	Bank Routing Number (exactly 9 digits)

This ACH form will authorize all payments to be automatically deposited into the financial institution listed above, for the fund listed above.

Signature of Authorizing Vendor	Date

Send completed form to:

State Procurement Office
Vendor Registry
600 East Boulevard Avenue Dept 110
Bismarck ND 58505-0310
Telephone (701) 328-2683
Fax (701) 328-0108