ACH AUTHORIZATION

OFFICE OF MANAGEMENT AND BUDGET
CENTRAL SERVICES - VENDOR REGISTRY
SFN 51620 (3-2012)

VENDOR REGISTRY USE ONLY

Date	Initials
Vendor Number	

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to section 6109 of the Internal Revenue Code if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification purposes **only** and will not be disclosed to the public.

COMPLETE, SIGN, AND MAIL OR FAX - *Indicates Required Field

*Legal Name (As registered with IRS or SSA) Individual or Sole Proprietorship, enter your Last Name, First Name, and Middle Initial

Trade Name - If Doing Business As (D.B.A.) or business name of Sole Proprietorship

*Taxpayer Identification Number (TIN) - **Provide Only One**

If you are an Individual or Sole Proprietor, please enter your Social Security Number (SSN). If you are a partnership or corporation, please enter your Federal Employer Identification Number (FEIN or EIN). This number must belong to the Legal Name listed above. See instructions on next page for Sole Proprietorships.

Federal Employer Identification Number _ _ – _ _ _ _ _ _ _

Or

Social Security Number _ _ _ – _ _ – _ _ _ _

***Remittance Address** - Address where payment(s) should be sent.

*Address	*City	*State	*ZIP Code
Business Email (notification of direct deposit will be sent here)			

ACH (Direct Deposit) Account Information - *Provide copy of voided check matching ACH information provided.

Type of Payments Direct Deposited ☐ All Payments ☐ Only Payments from the following state agencies:	Accept MasterCard ☐ No ☐ Yes
*Financial Institution Name	*Type of Account ☐ Business Checking ☐ Personal Checking ☐ Savings
*Account Number	*Bank Routing Number (exactly 9 digits)

***Does the above information replace account information previously supplied to the State of North Dakota?**

☐ No ☐ Yes - Please provide the information on the account being replaced below.

Financial Institution Name	Type of Account ☐ Business Checking ☐ Personal Checking ☐ Savings
Account Number	Bank Routing Number (exactly 9 digits)

***Affidavit**

By completing, signing, and filing this form, the payee applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) ensures that the correct information will be immediately forwarded to the Vendor Registry should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

*** Signature**

*Signature of Authorizing Agent	*Date	*Telephone Number
*Printed Name	*Title	

Return completed form by mail to:

Vendor Registry
600 E Boulevard Ave Dept 012
14th Floor Capitol Tower
Bismarck ND 58505-0310

Return completed form electronically to:

Fax: (701) 328-0108
Email: spovendor@nd.gov

Questions:

Telephone: (701) 328-2773
Website: www.nd.gov/vr
Email: spovendor@nd.gov

ACH Authorization Instructions

Do not send these instructions with your completed form. The following instructions are to assist in the completion of this form. Asterisked (*) sections and fields are mandatory and require completion.

Purpose of Form
This form is to be completed by payees wishing to receive payments through ACH or direct deposit.

***Legal Name**
Individuals: Fill in the name as shown on your income tax return.
Businesses: Fill in the name as shown on your business IRS filing.

Trade Name
Individuals: Leave blank
Businesses: If your firm operates under another name, state it here.

***Taxpayer Identification Number**
Individuals: Enter the social security number (SSN) that matches the legal name.
Sole Proprietors: Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) that matches the legal name.
All Other Businesses: Enter the Federal Employer Identification Number (FEIN) that matches the legal name.

***Remittance Address**
Enter the address where you would like payments or notice of payments sent. A physical address or PO box is required; an email address alone is not sufficient.

ACH (Direct Deposit) Account Information
Apply payment information to which program funds - If you only want the direct deposit information provided to affect specific payment types from specific agencies, specify the programs or agencies here. If no program or agency names are provided, all remit information on file will be changed to the direct deposit information specified on this form.
Account Number: Enter your bank account number legibly.
Routing Number: Enter the 9-digit routing transit number.
Providing a voided check blank (not a deposit slip) helps ensure the correct numbers get entered.
Replacement of previously provided account information - If there is existing ACH on your account, the new ACH information will replace the old account information supplied here.

Affidavit
Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

***Signature**
Establishes that you are a U.S. person or resident alien with authority to authorize payments to the bank account you provided on this form.

Vendor Registry
600 E. Boulevard Ave Dept 012
14th Floor Capitol Tower
Bismarck ND 58505-0310

Telephone: (701) 328-2773
Fax: (701) 328-0108
Email: spovendor@nd.gov