POLITICAL SUBDIVISION PAYEE FORM

STATE OF NORTH DAKOTA
SFN 54311 (12-2007)

FOR REGISTRY USE ONLY

☐ Approved ☐ Rejected	Date
Name	Vendor Number

If you are not a U.S. government entity, do not complete this form. Please complete a W-8EXP available on our web site at http://www.nd.gov/spo/

COMPLETE, SIGN AND MAIL OR FAX

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

1. Payee Information

Name of Government Entity	☐ County ☐ School ☐ City ☐ Other - Please Explain
Federal Identification Number	ND Secretary of State ID Number
Web Site Address/URL	Tax Exempt Number

2. Payee Address/Contact Information — Main Mailing Address

Address 1 or Department/Division Title		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	

Please list below the separate offices, divisions, or accounts that receive funds from the State of North Dakota (e.g., Auditor, FEMA funds, Police Department, Fire Department, Social Services, etc.). See next page for more locations and attach an additional sheet, if necessary.

Location A

Address 1		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	
Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information		Account A Bank Name		
Branch Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number	

Location B

Address 1		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	
Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information		Account B Bank Name		
Branch Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number	

Location C

Address 1		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	
Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information		Account C Bank Name		
Branch Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number	

Location D

Address 1		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	
Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information		Account D Bank Name		
Branch Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number	

Location E

Address 1		Address 2		
Address 3		City	State	Zip Code
Name of Contact Person		Title		
Business E-mail	Business Telephone Number	Toll-Free Number	Fax Number	
Do you wish your payments to be directly deposited into your bank account? ☐ No ☐ Yes - Complete the following information		Account E Bank Name		
Branch Name	Bank Account Type ☐ Checking ☐ Savings	Bank Account Number	Routing Transit Number	

3. Affidavit

By completing, signing, and filing this request, the payee applicant: (1) certifies that the person signing this document is a duly authorized officer of this company and that the information given above is current and true to the best of their knowledge and in no way misleading; (2) ensures that 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	Date
Please type or print the name of the person signing above	Title

The Office of Management and Budget, State of North Dakota, complies with Title VI of the Civil Rights Acts of 1964, as codified in 42 U.S.C. 2000D, which states that: No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. The Office of Management and Budget, State of North Dakota, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its program or activities and is in compliance with ADA (American with Disabilities Act of 1990) 42 U.S.C. 12101.

Political Subdivision Payee Form Instructions

The following instructions are to assist in the completion of the Political Subdivision Payee Form. Asterisked (*) sections or items are mandatory and require completion. Sections or items that have no asterisk are optional. Mandatory sections or items that are not filled in constitute an incomplete form that will be returned to the payee applicant.

1. *Payee Information:

a. Name of Government Entity and Type: Fill in the name of the Government Entity that corresponds to the Federal ID Number you are supplying in this form. This field is mandatory. Your application will not be processed if this is not complete.
b. Federal Employer Identification Number: This field is mandatory. Your form will not be processed if this is not complete.
c. Web Site Address: If available, list the web site address of your organization. This field is optional.
d. Tax Exempt Number: Enter your tax-exempt number. This is NOT your Federal ID Number.

2. *Address Information/Contact Information: The completion of one complete address and contact person is mandatory. If only one address is supplied, all transactions with your organization will be handled through that address. Your form will be returned if this information is not complete.

a. *Locations: Multiple locations can be used to identify different offices or funds used by your organization. Each location must be tied to the same Federal Employer Identification Number or Taxpayer Identification Number, but they can have their own addresses and direct deposit information. If your organization needs payments made directly to individual offices, (i.e. Auditor, Fire Department, etc.), you will need a separate location set up for each.
b. ACH (Automated Clearing House) Information: This section is optional, but should the payee applicant elect to take advantage of direct deposit payments, the following fields are mandatory:
    i. Bank Name: Enter the name of the bank to which the payment is to be made. Optional.
    ii. Branch Name: Enter the name of the branch office to which the payment is made. Optional.
    iii. *Account Type: Indicate the type of account, checking or savings only. This field is mandatory. ACH cannot be activated without this information.
    iv. *Bank Account Number: Enter the bank account number into which your payments are to be deposited at this bank. This field is mandatory. ACH cannot be activated without this information.
    v. *Routing Transit Number: Enter a DFI (Depository Financial Institution qualifier, i.e. transit or routing number) if you are making ACH, wire or EFT (Electronic Funds Transfer) payments. This field is mandatory. ACH cannot be activated without this information.

3. *Affidavit: The person signing this form must be a duly authorized officer of the company. This field is mandatory; your paperwork will not be processed if this is not complete.

Questions concerning the completion of this form can be directed to 701-328-2683 or email spovendor@nd.gov