



POLITICAL SUBDIVISION PAYEE APPLICATION

OFFICE OF MANAGEMENT AND BUDGET

VENDOR REGISTRY

SFN 54311 (11-2022)

COMPLETE ALL REQUIRED FIELDS AND RETURN TO AGENCY ISSUING PAYMENT

(*indicates fields that **must** be completed)

If you are a foreign government entity, complete a W-8EXP found at [IRS.gov](https://www.irs.gov).

*PAYEE INFORMATION

*Name of Government Entity	*Federal Employer Identification Number (FEIN) (NN-NNNNNNN) -
*Entity Type <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School <input type="checkbox"/> Other - Specify:	Website Address

*PRIMARY REMITTANCE - Contact/Address Information

*Contact Person	Title	*Business Telephone Number	
*Business Email Address	Department or Division Name, if necessary for address		
*Address 1	Address 2		
Address 3	*City	*State	*ZIP Code

*Payment Method - Primary Organization

*I will accept the following types of payments: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Direct Deposit (ACH) <input type="checkbox"/> All		Note: If you check ACH or ALL, provide copy of voided check matching ACH information provided below.	
Bank Name	*Bank Routing Number (9 digits)		
*Bank Account Number	*Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

ADDITIONAL REMITTANCES/ENTITIES

List below any additional offices or divisions that receive funds from a North Dakota State Agency (e.g., Auditor, FEMA funds, Police Department, Fire Department, etc.). Each entity must be tied to the same FEIN, but they can have their own addresses and payment information.

Entity 1 - Contact/Address

1. Entity Name	Contact Person	Title	
Business Telephone Number	Business Email Address		
Business Address	City	State	ZIP Code
Additional Address Details, if applicable			

Entity 1 - Payment Method

I will accept the following types of payments: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Direct Deposit (ACH) <input type="checkbox"/> All		Note: If you check ACH or ALL, provide copy of voided check matching ACH information provided below.	
Bank Name	Bank Routing Number (9 digits)		
Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Entity 2 - Contact/Address

2. Entity Name	Contact Person	Title	
Business Telephone Number	Business Email Address		
Business Address	City	State	ZIP Code
Additional Address Details, if applicable			

Entity 2 - Payment Method

I will accept the following types of payments: <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Direct Deposit (ACH) <input type="checkbox"/> All		Note: If you check ACH or ALL, provide copy of voided check matching ACH information provided below.
Bank Name	Bank Routing Number (9 digits)	
Bank Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

***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 agency issuing the payment should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

*Authorized Individual Name	*Title
*Signature	*Date

RETURN COMPLETED FORM TO:

State Agency issuing the payment

Political Subdivision Payee Application Instructions

Do not send these instructions with your completed form. The following instructions are to assist in the completion of this form.

Asterisked (*) sections are mandatory and if left blank will result in your application being returned.

*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.
- b. Federal Employer Identification Number: Your Federal Employer Identification Number (FEIN) is issued by the Internal Revenue Service (IRS).
- c. Web Site Address: If available, list the website address of your organization. This field is optional.

***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.

- a. Entity: Multiple entities can be used to identify different offices or funds used by your organization. Each entity must be tied to the same Federal Employer Identification Number or Taxpayer Identification Number, but they can have their own addresses and payment information. If your organization needs payments made directly to individual offices, (i.e. Auditor, Fire Department, etc.), you will need a separate entity 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. *Account Type: Indicate the type of account (checking or savings). ACH cannot be activated without this information.
 - iii. *Bank Account Number: Enter the bank account number into which your payments are to be deposited at this bank. ACH cannot be activated without this information.
 - iv. *Routing Transit Number: Enter your bank's 9-digit routing number if you chose Direct Deposit (ACH) as your payment method. ACH cannot be activated without this information.

***Affidavit:** The person signing this form must be a duly authorized officer of the company.

Questions concerning the completion of this form can be directed to the Agency issuing the payment.