

Agency Number

Agency Contact

Agy. Contact Phone

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information

Vendor Number (FEIN, SSN or TIN)	Sfx (State use only)		
Vendor Name			
Street			
City		State	Zip
Telephone #	Contact		

2. Complete all fields in 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 only Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One:

New Enrollment

Financial Institution or Account Change

Bank Name			
Branch (if applicable)			
City		State	Zip
Transit/ABA No.		Account No.	
Account Type(select one):	Checking Account (individuals must attach a voided check)		Savings Account

I, the undersigned, authorize the state of Kansas 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 state of Kansas receives written notice of cancellation from me. I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature _____ Date

Name (Printed) _____ Job Title

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the state of Kansas to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the state of Kansas has reasonable opportunity to act upon it. I certify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature _____ Date

Name (Printed) _____ Job Title