

# AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

## 1. Enter the following vendor information

|               |       |                      |                 |
|---------------|-------|----------------------|-----------------|
| Vendor Number | _____ | Sfx (State use only) | _____           |
| Vendor Name   | _____ |                      |                 |
| Street        | _____ |                      |                 |
| City          | _____ | State                | _____ Zip _____ |
| Telephone #   | _____ | Contact              | _____           |

2. Complete 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 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): | <input type="checkbox"/> Checking Account | <input type="checkbox"/> 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.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (Printed) \_\_\_\_\_ Job Title \_\_\_\_\_