

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

1. Enter the following vendor information:

Vendor Information			
FEIN/Emp ID#	_____		
Vendor Name	_____		
TIN Name	_____		
Street	_____		
City	State	Zip	_____
Phone	_____		
Contact Name	Email		_____

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

Financial Institution Information			
Bank Name	_____		
Branch	_____		
or correspondent Bank (if applicable)			
City	State	Zip	_____
Transit/ABA#	_____		
Account #:	_____		
Account Type (select one)	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	

I, the undersigned, authorize the Commonwealth of Kentucky 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 Commonwealth of Kentucky received written notice or cancellation

Signature _____ Date _____
Name Printed _____ Job Title _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

Signature _____ Date _____
Name Printed _____ Job Title _____

Email Finance.CRCGroup@ky.gov or Fax to 502-564-5319