



Section A: Vendor Information

Agency Name:

Type of Agency: ☐ State Agency ☐ Federal Agency ☐ Non-Profit Private ☐ For Profit Private ☐ Other State Agency

Physical Mailing Address

Street

City

State

Zip Code

Agency Phone
Number

Remittance Address

Street

City

State

Zip Code

Agency Phone
Number

Section B: Taxpayer Identification Number

Employee Identification Number (EIN)

Section C: Signature Approval

Authorized Signature (required)

Date

Printed Name

Remittance E-mail

Payment Method Disclaimer

Paper checks are the default payment method. If you would prefer to receive payment via ACH (Direct Deposit), please fill out Section D below. If Section D is completed, the signature above will be considered authorization for the ACH payment.

Section D: ACH (Direct Deposit) Information (Optional)

Financial Institution Name

Routing Number

Checking

Savings

Account Number

Routing Number		Account Number		Check
----------------	--	----------------	--	-------