



ACH AUTHORIZATION
 OFFICE OF MANAGEMENT AND BUDGET
 CENTRAL SERVICES - VENDOR REGISTRY
 SFN 51620 (04-2020)

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to section 6109 of the Internal Revenue Code if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification purposes **only** and will not be disclosed to the public.

COMPLETE ALL REQUIRED* FIELDS
 (*indicates fields that must be completed)

*Legal Name (As registered with IRS or SSA) Individual or Sole Proprietorship, enter your LAST, FIRST, MIDDLE INITIAL)
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Trade Name - If Doing Business As (D.B.A.) or business name of Sole Proprietorship
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*Taxpayer Identification Number (TIN) - Provide Only One	
If you are an Individual or Sole Proprietor, please enter your Social Security Number (SSN). If you are a partnership or corporation, please enter your Federal Employer Identification Number (FEIN or EIN). This number must belong to the Legal Name listed above. See instructions on next page for Sole Proprietorships.	
Federal Employer Identification Number (FEIN) (NN-NNNNNNN)	Social Security Number (NNN-NN-NNNN)

*Remittance Address - Address where payment(s) should be sent.			
*Address	*City	*State	*ZIP Code
Business Email Address (notification of direct deposit will be sent here)			

*Electronic Payment or ACH (Direct Deposit) Information - <i>Provide copy of voided check matching ACH information provided.</i>	
*Payment Information Applied to	
<input type="checkbox"/> All Payments <input type="checkbox"/> Only the following agencies/programs:	
Accept MasterCard	I'm enrolled in JP Morgan Single Use Account Program (Virtual Card)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACH Account Information	
*Financial Institution Name	*Type of Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
*Account Number	*Bank Routing Number (9 digits)
*Does the above banking information replace information previously supplied to the State of North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide the information on the account being replaced below.	
Financial Institution Name	Type of Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
Account Number	Bank Routing Number (9 digits)

Affidavit
 By completing, signing, and filing this form, the payee applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) ensures that the correct information will be immediately forwarded to the **agency issuing payment** should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

Signature	
*Signature of Authorizing Agent	*Date
	*Telephone Number
*Printed Name	*Title

Return completed form to:
 State Agency issuing the payment

Questions:
 Telephone: (701) 328-2773
 Website: www.nd.gov/omb
 Email: spovendor@nd.gov

ACH Authorization Instructions

Do not send these instructions with your completed form. The following instructions are to assist in the completion of this form. Asterisked (*) sections and fields are mandatory and require completion.

Purpose of Form

This form is to be completed by payees wishing to receive payments electronically or through ACH (direct deposit).

*Legal Name

Individuals: Fill in the name as shown on your income tax return.

Businesses: Fill in the name as shown on your business IRS filing.

Trade Name

Individuals: Leave blank

Businesses: If your firm operates under another name, state it here.

*Taxpayer Identification Number

Individuals: Enter the social security number (SSN) that matches the legal name.

Sole Proprietors: Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) that matches the legal name.

All Other Businesses: Enter the Federal Employer Identification Number (FEIN) that matches the legal name.

*Remittance Address

Enter the address where you would like payments or notice of payments sent. A physical address or PO Box is required; an email address alone is not sufficient.

Electronic Payment or ACH (Direct Deposit Account Information):

Apply payment information to which program funds – If you only want the electronic payment or direct deposit information provided to affect specific payment types from a specific agency, specify the program name here. If no program or agency names are provided all remit information on file will be changed to the information specified on this form.

I also accept MasterCard – Checking “Yes” indicates you will accept MasterCard as a form of payment.

I am enrolled in JP Morgan Single User Account Program (Virtual Card) – Checking “Yes” indicates you are enrolled with JP Morgan to receive single use account (Virtual Card) payments.

Account Number – Enter your bank account number legibly.

Routing Number – Enter the 9-digit routing transit number for your bank.

Provide a voided check blank (not a deposit slip).

Replacement of previously provided account information – If there is existing ACH on your account, the new ACH information will replace the old account information supplied here.

Affidavit:

Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

*Signature

Establishes that you are a U.S. person or resident alien with authority to authorize payments to the bank account you provided on this form.

Vendor Registry
600 E. Boulevard Ave Dept 012
14th Floor Capitol Tower
Bismarck ND 58505-0310

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Email: spovendor@nd.gov