

Office of the State Controller
Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795



Vendor Electronic Payment Form
 New Add Request
 Change/Update Existing Account
 Inactivate Existing Account
***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

| | | | | | | | | | | |
|--|----------------------|--|--|--|--|--|----------------------|--|----------------------|--|
| *TAX ID # or SSN | <input type="text"/> | | | | | | | | | |
| *PAYEE NAME | <input type="text"/> | | | | | | | | | |
| *REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE) | <input type="text"/> | | | | | | <input type="text"/> | | | |
| | STREET | | | | | | SUITE/ROOM # | | | |
| | <input type="text"/> | | | | | | <input type="text"/> | | <input type="text"/> | |
| | CITY | | | | | | STATE | | ZIP CODE | |
| *CONTACT | <input type="text"/> | | | | | | <input type="text"/> | | | |
| | NAME & TITLE | | | | | | PHONE NUMBER | | | |

NEW FINANCIAL INFORMATION

| | | | | | | | | | | |
|-------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| *FINANCIAL INSTITUTION NAME: | <input type="text"/> | | | | | | | | | |
| *NAME ON ACCOUNT: | <input type="text"/> | | | | | | | | | |
| *NEW ROUTING NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *NEW ACCOUNT NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| *ACCT TYPE: | Checking | | | | | Savings | | | | |
| *REMIT E-MAIL ADDRESS | <input type="text"/> | | | | | | | | | |

New add requests MUST include contact information for the state agency with which you are doing business.

| | | | |
|---------------------------------------|----------------------|--------------------------------------|----------------------|
| *Agency Name: | <input type="text"/> | *Agency Contact Name: | <input type="text"/> |
| *Agency Contact Email Address: | <input type="text"/> | *Agency Contact Phone Number: | <input type="text"/> |

PRIOR FINANCIAL INFORMATION (only required for updates)

| | | | | | | | | | | |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| FINANCIAL INSTITUTION NAME: | <input type="text"/> | | | | | | | | | |
| NAME ON ACCOUNT: | <input type="text"/> | | | | | | | | | |
| ROUTING NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ACCOUNT NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ACCT TYPE: | Checking | | | | | Savings | | | | |
| REMIT E-MAIL ADDRESS | <input type="text"/> | | | | | | | | | |

| | | | | | | | | | | | |
|---------------------|---|--|--|--|--|--|-----------------------|----------------------|--|--|--|
| * | ALL BOXES BELOW MUST BE REVIEWED AND CHECKED | | | | | | | | | | |
| | I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account. | | | | | | | | | | |
| | I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller. | | | | | | | | | | |
| | I have attached a copy of a current voided check, current bank statement or included a bank letter on bank letterhead. | | | | | | | | | | |
| *PRINT NAME: | <input type="text"/> | | | | | | *DATE: | <input type="text"/> | | | |
| *SIGNATURE: | <input type="text"/> | | | | | | *PHONE NUMBER: | <input type="text"/> | | | |

Instructions

*** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:
 - New Add Request – Vendor would like to begin receiving payments via ACH.
 - Change/Update Existing Account – Vendor's account number, routing number, or remittance email address has changed.
 - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. *Enter the vendor's Tax Identification Number or Social Security Number.
3. *Enter the Payee Name – The name of the person or business receiving payment.
4. *Enter the vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. *Enter the vendor's contact name, title, and phone number.
6. *Enter the vendor's financial information:
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. *For a **new add request only**, provide the following:
 - Agency Name – The state agency the vendor is doing business with.
 - Agency Contact Name – The vendor's contact person name at the state agency.
 - Agency Contact Email Address – The contact person's email address at the state agency.
 - Agency Contact Phone Number – The contact person's phone number at the state agency.

NOTE: New add requests MUST include contact information for the state agency with which you are doing business.
8. Prior Financial Information – this is required if the vendor's bank account, routing number, or remittance email address has changed.
 - Financial Institution Name – Name of the financial institution.
 - Name on Account – The account owner's name.
 - Routing Number – Nine-digit number identifying the financial institution.
 - Account Number – The bank account number where the funds should be deposited.
 - Account Type – Is this a checking or savings account? Check the appropriate box.
 - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
10. *Print Name – Print the name of the authorized signee on the form.
 - *Date – Date of signature.
 - *Signature – The authorized signee's signature.
 - *Phone Number – The authorized signee's phone number.

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Please allow up to 30 days for processing.