STATE OF ALASKA

ELECTRONIC PAYMENT AGREEMENT

Mail completed form to:
DEPT OF ADMINISTRATION / DIV OF FINANCE
PO BOX 110204 / JUNEAU AK 99811-0204
or FAX to: (907) 465-2169
Questions? Call (907) 465-5622

FOR VENDORS DOING BUSINESS WITH THE STATE OF ALASKA

PAYEE INFORMATION

AKSAS VENDOR NUMBER (PVN)	**TAXPAYER ID - SSN / EIN** *Required*	*ID number assigned to the legal name below and used for tax reporting*	
LEGAL NAME *Required* *(Name that Tax ID above is assigned to and is used for tax reporting)*			
BUSINESS NAME *(DBA - Doing Business As Name. If different from legal name shown above)*		**ACCEPT CREDIT CARD PAYMENTS** *Required* ◯ YES ◯ NO	
MAILING ADDRESS *Required*	**CITY**	**STATE**	**ZIP CODE + 4**
CONTACT NAME	**DAYTIME PHONE** *Required*	**FAX NUMBER**	**EMAIL ADDRESS**

BANKING INFORMATION

Per National Automated Clearing House Association (NACHA) Operating Rules, the State of Alaska must send a pre-note zero dollar test transaction to verify the accuracy of the banking information below. Payments will not be sent electronically until the pre-note process is complete, generally five business days. The State of Alaska will contact you if the pre-note fails.

ARE YOU ◯ **ADDING,** ◯ *** CHANGING,** ◯ **OR CANCELLING THIS AGREEMENT?** *Required*

Please attach a voided check or other bank verification of account number as applicable

CURRENT ACCOUNT INFORMATION *Required*		**PRIOR ACCOUNT INFORMATION** *(for Changes only)*	
FINANCIAL INSTITUTION NAME	**ACCOUNT TYPE**	*For verification purposes you must provide your prior account information if you are requesting a change.*	
ACCOUNT NAME (Business / Legal Name on Account)	◯ Checking ◯ Savings	**ABA/ROUTING TRANSIT NUM**	**FULL ACCOUNT NUMBER**
ABA/ROUTING TRANSIT NUMBER	**FULL ACCOUNT NUMBER**		

IS THIS ACCOUNT PRIMARILY A PERSONAL OR BUSINESS ACCOUNT? *Required* ◯ **PERSONAL - OR -** ◯ **BUSINESS**

FOR BUSINESS ACCOUNTS. Choose **ONE** of the business account addenda information format options below.

◯ Payments deposited separately with one addendum (remittance) record for each payment.

◯ Payments combined into one deposit with multiple addenda (remittance) records for each payment in the deposit.

NACHA Operating Rules requires your banking institution to provide you with addenda (remittance) information that the State includes on each payment. Any banking charge to receive this information is the responsibility of the account holder.

AGREEMENT AND AUTHORIZATION

I hereby authorize the State of Alaska to satisfy payment obligations due me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the State's payment obligation and the State will be credited for the full amount on the date the fund transfer is completed. I understand the State will make a reasonable effort to notify me within 24 hours if a reversing entry is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately.

I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. All correspondence with the State concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

PRINTED NAME *Required*	**TITLE**
SIGNATURE *Required*	**DATE** *Required*

Print

Reset