

Appendix B
NEU Financial Institution Information

The Department will distribute NEU's Award in accordance with the instructions provided by NEU in this Appendix B.

For purposes of receiving its Award, NEU directs the Department to issue payments as follows **(initial only one)**:

- | <u>Initials</u> | <u>Payment Direction</u> |
|-----------------|--|
| _____ | Issue all payments to NEU using financial information currently on file with the State of Alaska. The Department may rely on existing financial information for NEU within the state's systems to issue all payments associated with this Agreement. The Authorized Representative for NEU hereby certifies that the financial information for NEU on file with the State of Alaska is accurate and up-to-date; |
| _____ | Issue all payments to NEU via check to the address provided by NEU on page 1 of the Agreement; or |
| _____ | Issue all payments to NEU in accordance with the attached Electronic Payment Agreement. |

NEU Additional Instructions (if any):

NEU hereby agrees to the terms of this Appendix B.

NEU Name: _____

Signature of Authorized Representative

Title:

Date:

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) 465-5555 or [Email](mailto:)

* Indicates required field.

FOR VENDORS DOING BUSINESS WITH THE STATE OF ALASKA

A voided check or other banking documentation **MUST** be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.

PAYEE INFORMATION

The State of Alaska Vendor Help Desk will contact the vendor to verify form submission and ask questions to verify the vendor's identity prior to processing this form. Failure to verify will result in the form not being processed.

STATE OF ALASKA VENDOR NUMBER		TAXPAYER ID - SSN / EIN *		<i>ID number assigned to the legal name below and used for tax reporting</i>	
LEGAL NAME * <i>(Name that Tax ID above is assigned to and is used for tax reporting)</i>					
BUSINESS NAME <i>(DBA - Doing Business As Name. If different from legal name shown above)</i>					
IS MAILING ADDRESS NEW? *	YES / NO	MAILING ADDRESS *	CITY	STATE	ZIP CODE + 4
CONTACT NAME		DAYTIME PHONE *	CONTACT EMAIL ADDRESS	EMAIL ADDRESS <i>for copies of remit advice</i>	

BANKING INFORMATION

The State of Alaska sends 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 <i>(must provide OLD acct info)</i> OR CANCELLING THIS AGREEMENT? *					
NEW ACCOUNT INFORMATION *			OLD ACCOUNT INFORMATION or ACCOUNT INFORMATION that needs to be canceled		
FINANCIAL INSTITUTION NAME		ACCOUNT TYPE Checking Savings	For verification purposes, you must provide your old accounting information if requesting a change, or the account information you want to cancel.		
ACCOUNT NAME <i>(Business / Legal Name on Account)</i>			FINANCIAL INSTITUTION NAME		
ABA/ROUTING TRANSIT NUMBER	FULL ACCOUNT NUMBER	ABA/ROUTING TRANSIT NUM	FULL ACCOUNT NUMBER		
IS THIS ACCOUNT PRIMARILY A PERSONAL OR BUSINESS ACCOUNT? * 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 *	SIGNATURE *	DATE *
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