

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information:

<u>Vendor Information</u>	
Vendor FEIN or SSN _____	Sfx (State use only) _____
Vendor Name _____ _____	
Title XIX Provider Number (s) if applicable: _____ _____	
Street _____	
City _____	State _____ Zip _____
Telephone # _____	Contact _____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.

3. Complete Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: () New Enrollment () Financial Institution or Account Change

<u>Financial Institution Information</u>	
Bank Name _____	
Branch (if applicable) _____	
City _____	State _____ Zip _____
Transit/ABA No. _____	Account No. _____
Account Type (select one): () Checking Account () Savings Account	

I, the undersigned, authorize the State of Kansas to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the State of Kansas receives written notice of cancellation from me.

Signature _____ Date _____
Name Printed _____ Job Title _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the State of Kansas to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of Kansas has reasonable opportunity to act upon it.

Signature _____ Date _____
Name Printed _____ Job Title _____