

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
ACH – EFT AUTHORIZATION FORM

Check One: Initial Signup Change

VENDOR INFORMATION Tax ID Associated with Vendor Name
Vendor # : _____ FEIN/SSN: _____
Vendor Name: _____
Vendor Address: _____
Email: **(REQUIRED)** _____

FINANCIAL INSTITUTION ACCT. INFO.:
Name on Account: _____
Institution Name: _____
Institution Address: _____
Transit/Routing # : _____ (Nine digits-copy from check, not from deposit slip)
Bank Account # : _____ (Include any leading zeros)
Previous Bank Info: _____
(Account Changes Only) Bank Account #:(Last 4 digits only) _____ (**Required for all banking changes**)
Type of Acct: Checking Savings (Check one)

International ACH Transactions (IAT) Statement The entire amount of my payment via direct deposit to a financial institution is is not being transferred/forwarded to a financial institution **outside the U.S.**
***YOU MUST CHECK THE APPROPRIATE BOX TO COMPLETE THIS FORM.**

PARTICIPATING VENDOR AUTHORIZATION

- I, on behalf of the vendor name indicated above, hereby authorize the North Carolina Department of Transportation to initiate ACH credit entries to the above designated bank for payments due from NCDOT for all programs. I (we) also authorize any necessary ACH debit entries or adjustments for any ACH credit entries made in error to the account.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of North Carolina and U.S. law.
- I understand that this ACH authorization will remain in effect until I cancel it in writing with Accounts Payable.

Vendor Officer's Name: _____ Tel.: _____
(Printed)

Signature: _____ Date: _____
(Typed or fonted signatures will not be accepted)

State Agency Use Only Notes:
Accounts Payable Verification Information
Date: _____ Contact: _____