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

Section 1: Vendor Information

Type of Authorization: ☐ New ☐ Change

Vendor Number:_____ Tax ID Number:_____

Vendor Name: _____ Phone Number:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Contact Name:_____ Email Address:_____

Section 2: Financial Institution Account Information

Name on Account:_____

Institution Name:_____

Institution Address:_____

Bank Transit/Routing Number:_____ Bank Account Number:_____

Type of Account: ☐ Checking ☐ Savings

Last Four of Previous Bank Account Number (only required for change request):_____

Section 3: International ACH Transactions (IAT) Statement Certification

The entire amount of my payment by direct deposit to this financial institution

☐ is
☐ is not

being transferred/forwarded to a financial institution outside of the U.S.

Section 4: Vendor Authorization Certification

- I, on behalf of the vendor's name indicated above, hereby authorize the North Carolina Department of Transportation (NCDOT) 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 transaction to my account must comply with the provisions of both the state of North Carolina and U.S. law.
- I understand that this ACH authorization will remain in effect until I cancel it in writing.

Print Name:_____ Date:_____

Signature:_____

Section 5: State Agency Use Only – Accounts Payable Verification Information

Date:_____ Contact:_____

Notes:_____