

Office of the State Controller

Return to: OSC Support Services Center

Address: 1410 Mail Service Center
Raleigh, NC 27699-1410

Email: osc.support.services@osc.nc.gov

Telephone: 919-707-0795

Fax: 919-981-5561



Vendor Electronic Payment Form

- New Add Request
- Change/Update Existing Account
- Inactivate Existing Account

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

TAX ID # or SSN	<input type="text"/>									
PAYEE NAME	<input type="text"/>									
ADDRESS	<input type="text"/>					<input type="text"/>				
(AS PRINTED ON YOUR INVOICE)	STREET					SUITE/ROOM #				
	<input type="text"/>					<input type="text"/>		<input type="text"/>		
CONTACT	CITY					STATE		ZIP CODE		
	<input type="text"/>					<input type="text"/>				
	NAME & TITLE					PHONE NUMBER				

NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:	<input type="text"/>														
NAME ON ACCOUNT:	<input type="text"/>														
NEW ROUTING NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NEW ACCOUNT NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings														
REMIT E-MAIL ADDRESS	<input type="text"/>														

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	<input type="text"/>														
NAME ON ACCOUNT:	<input type="text"/>														
ROUTING NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings														
REMIT ADDRESS	<input type="text"/>														

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

- I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
- I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.
- I have attached a copy of a **current** voided check, current bank statement or included a bank letter on bank letterhead signed by a bank representative.

SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>
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