AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT
State Form 47551 (R4 / 3-07)
Approved by State Board of Accounts, 2007

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

Name of Person who prepared this request.

Name: _____

Daytime Telephone Number: _____

THIS FORM APPLIES TO YOU, IF YOU ARE:

1) A person, business, or other entity who has a contract with the state; or
2) A person, business, or other entity who submits an invoice to the state; or
3) A state employee who seeks reimbursement for travel expenses incurred while traveling on state business.

Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

INSTRUCTIONS:
1. Complete Section 1 below.
2. Have your financial institution complete Section 2 and return it to you.
3. File the completed form with the Indiana Auditor of State, 200 W. Washington St., Room 240, Indianapolis, IN 46204-2728.
4. Retain a copy of the completed form for your records.

You are responsible for insuring that this form was approved and instructions above are followed. By signing this form, you represent that it is understood by all parties that, if approved:
1. The State of Indiana must initiate credits (deposits) in various amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (demand) or savings account designated in the financial institution named below.
2. If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
3. You may only revoke this request and authorization by notifying the Auditor of State in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
4. Any change to the account or to a new financial institution will require a new State of Indiana Automatic Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of State of an account change will delay payment.
5. The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an electronic funds transfer and/or you do not properly follow the Instructions above.

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Financial Institution: _____ Account Number: _____

Type of Account: ☐ Checking (Demand) ☐ Savings

_____ _____
Printed Name (*as shown on the account*) Federal I.D. Number/Social Security Number

_____ _____
Address (*number and street, and/or PO box no.*) City, State, and Zip Code (00000-0000)

_____ _____
Signature of Account Holder Date

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____ Telephone: (_____) _____

Address: _____ _____
Number and Street, and/or P.O. Box No. City, State, and Zip Code (00000-0000)

_____ , 20_____ _____
Date Financial Institution's Authorized Signature

_____ _____
ABA Transit-Routing Number Title