☐ **Add Deposit** ☐ **Change Deposit** ☐ **Stop Deposit**

Name of Vendor/Claimant who prepared this Request

Work Number: _____

Name: _____ **Home Number:** _____

State Form 47551 (2/96)
Approved by State Board of Accounts 09/1997

STATE OF INDIANA
AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

_____ , _____

Vendor / Claimant as shown on the account | **Federal I.D. Number / Social Security Number**

_____ , _____

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

requests, pursuant to IC 4-8.1-2-7(d), to receive payment*(s)* by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking *(demand)* or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments ***soley to correct any credit error*** *resulting from a deposit/credit entry that was made under this authorization*. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking *(Demand)* ☐ Savings

Depository Account Number: _____

_____ **, 20** _____ _____

Date | **Signature of Vendor / Claimant**

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ **Phone: (** **)** _____

Address: _____

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

_____ **, 20** _____ _____

Date | **Depository's Authorized Signature**

_____ _____

ABA Transit-Routing Number | **Title**