

REAL ESTATE

CODE 4526 PARCEL 15



Vendor Information

State Form 53788 (12-08)
Approved by Auditor of State, 2008
Approved by State Board of Accounts, 2008

Name and telephone number of the Person who completed this document must be provided.

Name: LARRY M. SMITH

Daytime Telephone Number: 317-858-1234

Send completed form to Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204 or fax to (317) 234-1916

Print or Type

Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON YOUR TAX RETURN. DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE.)

SMITH, LARRY M.

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Remit Address

123 ELM STREET, FARMLAND, INDIANA 45428

Purchase Order Address - Optional

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:

(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) 123 - 45 - 6789 or EIN

Check legal entity type (A box must be checked in this section. Check only one box.)

- Individual Sole Proprietorship Partnership
 Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
 Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
 Corporation Do you provide legal or medical services? Yes No
 Government (or Government operated entity)
 Organization Exempt from Tax under Section 501(a)

One box must be checked I am a U.S. Person (including a U.S. resident alien) I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

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

SECTION 1: AUTHORIZATION

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

Account Holder's Name: _____ Account Number: _____

Type of Account: Checking (Demand) Savings

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a voided check or have your financial institution complete this section)

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. Financial Institution's Authorized Signature

City, State, and Zip Code (00000-0000) _____
Title

ABA Transit-Routing Number _____
Date

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (Print or Type) LARRY M. SMITH TITLE OWNER

AUTHORIZED SIGNATURE X SIGNATURE DATE DATE SIGNED PHONE 317-858-1234