

# STATE OF ALASKA

## ELECTRONIC PAYMENT AGREEMENT

Fields designated with \* (asterisks) are REQUIRED

Mail completed form to:  
Dept of Administration, Div of Finance  
PO Box 110204, Juneau, Alaska, 99811-0204  
Or Fax to: (907) 465-3798

### PAYEE INFORMATION

<b>AKSAS Vendor #:</b> (State of Alaska use only)	<b>* TAX ID – SSN / EIN:</b> (ID number that ties to the legal name below)
<b>* LEGAL NAME:</b> (Name that tax ID is assigned to and used for tax reporting)	
<b>* BUSINESS NAME:</b> (DBA – Doing Business As Name) If different from legal name	
<b>* MAILING ADDRESS:</b> (used on legal and tax documents)	
<b>* CITY:</b>	<b>* STATE:</b> <b>* ZIP+4:</b>
<b>* CONTACT NAME:</b>	<b>* PHONE:</b>
<b>EMAIL:</b>	<b>FAX:</b>
<b>* DO YOU ACCEPT PAYMENTS BY CREDIT CARD?</b>	<b>YES</b> <b>NO</b>

### BANKING INFORMATION

Per NACHA (National Automated Clearing House Association) Operating Rules, the State of AK must send a pre-note zero dollar test transaction to verify the accuracy of the banking information below. Payments will not be sent electronically until the pre-note process is complete, generally eight to ten business days. The State of AK will contact you if the pre-note fails.

<b>* ARE YOU ADDING, CHANGING, OR CANCELING THIS AGREEMENT?</b>	<b>ADD</b>	<b>CHANGE</b>	<b>CANCEL</b>
<b>* FINANCIAL INSTITUTION NAME:</b>			
<b>* NAME ON ACCOUNT:</b>			
<b>* 9 DIGIT ABA/ROUTING TRANSIT NUMBER (RTN):</b>			
<b>* ACCOUNT NUMBER:</b>			
<b>* IS THIS A CHECKING OR SAVINGS ACCOUNT?</b>	<b>CHECKING</b> Please attach a voided check	<b>SAVINGS</b> Attach RTN Verification	
<b>* IS THIS ACCOUNT PRIMARILY PERSONAL OR BUSINESS?</b>			
<b>PERSONAL</b> - Payments are deposited separately with one addendum (remittance) record for each payment. <b>- OR -</b> <b>BUSINESS</b> - PLEASE CHOOSE <b>ONE</b> OF THE BUSINESS ACCOUNT ADDENDA INFORMATION FORMAT OPTIONS BELOW:			
<b>* Payments deposited separately with one addendum (remittance) record for each payment.</b>			
Payments combined into one deposit with multiple addenda (remittance) records for each payment in the deposit. (Used by large businesses expecting multiple daily payments). You will need to contact your bank to make arrangements to receive complete remittance information.			
<i>NACHA Operating Rules requires your banking institution to provide you with addenda (remittance) information that the State includes on each payment. Any banking charge to receive this information is the responsibility of the account holder.</i>			

### AGREEMENT AND AUTHORIZATION

I hereby authorize the State of Alaska to satisfy payment obligations due me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the State's payment obligation and the State will be credited for the full amount on the date the fund transfer is completed. I also authorize the State of Alaska to initiate debit entries and adjustments for any credit entries made in error to this account. I understand the State will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days written notice is required if I change financial institutions, account numbers or type of account. All correspondence with the state concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

**\* PRINTED NAME:** \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**\* SIGNATURE:** \_\_\_\_\_ **\* DATE:** \_\_\_\_\_

For EDI Payment Inquiry and other electronic payment information, visit our website at: <http://fin.admin.state.ak.us/aapvis/index.jsp>