

**SOUTH CAROLINA STATE TREASURER'S OFFICE  
AUTHORIZATION AGREEMENT AND ENROLLMENT FORM  
FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE**

By signing this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. I understand that payments and reimbursements *may* be made by the State, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the SC State Treasurer's Office in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new** SOUTH CAROLINA STATE TREASURER'S OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM. Failure to notify the SC State Treasurer's Office of an account change will delay payment.

Return completed form to the following address:

South Carolina State Treasurer's Office  
Attn: Electronic Payment Enrollment Form  
PO Drawer 11778  
Columbia, SC 29211

**Instructions:**

1. Vendor/payee must complete Sections 1 and 2. Then send form to your financial institution.
2. Vendor/payee's financial institution must complete section 3. Then keep a copy and return original form to the vendor/payee.
3. Vendor/payee must keep a copy of the completed form and send the original to the SC State Treasurer's Office at the address indicated to the left. When folded correctly this form will fit into a Standard No. 10 windowed envelope.

FOLD ALONG THIS LINE

**SECTION 1 - Vendor Identification Number (VIN) (TO BE COMPLETED BY THE PAYEE)**

Employer Identification Number (EIN)	OR	Social Security Number (SSN)
For Businesses: Enter the EIN as reported to the South Carolina Comptroller General's Office on <b>Form W-9</b> .		For Individuals Enter the SSN as reported to the South Carolina Comptroller General's Office on <b>Form W-9</b> .

**SECTION 2 - Vendor/Payee Information (TO BE COMPLETED BY THE PAYEE)**

<b>Please Print Or Type</b>	Name Of Payee as Shown on the Bank Account	Contact Person Name
	Business Name, If Different From Above	Contact Signature
	Address, (Number & Street & Apt. No. or PO Box No. & Suite No.)	Contact Telephone No. (Include Area Code)
	City, State And ZIP Code	Date
	Depositor Account Number (Up to Seventeen (17) Positions)	
	TRANSIT CODE	22 – Checking Account      32 – Savings Account

**SECTION 3 - Financial Institution Information (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)**

Financial Institution Name and Address	Bank ABA Number (Nine Positions)
	Account Title
<b>Financial Institution Certification</b> I confirm the identity of the above named Vendor/Payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit electronic credit entries from the State.	
Print or Type Representative's Name	Signature of Representative
	Telephone No. (Include Area Code)      Date