

DNCR -Dept. of Natural & Cultural Resources

Return to: Dept. of Natl and Cultural Res

Address: 4605 Mail Service Center
Raleigh, NC 27699-4605

Telephone: 919-807-7273

Fax: 919-733-6993



Vendor Electronic Payment Form

- New Add Request
- Change/Update Existing Account
- Inactivate Existing Account

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

We require you to submit a copy of a voided check, bank statement, or a letter from your bank for account verification.

TAX ID # or SSN

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PAYEE NAME

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NAME

REMITTANCE ADDRESS

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--

(AS PRINTED ON YOUR INVOICE)

STREET

--

SUITE/ROOM #

--

--

CITY

--

STATE

ZIP CODE

--

CONTACT

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NAME & TITLE

PHONE NUMBER

NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
NEW ROUTING NUMBER:	
NEW ACCOUNT NUMBER:	
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
REMIT E-MAIL ADDRESS	

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
REMIT ADDRESS	

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

- I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
- I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.
- I have attached a copy of a **current** voided check, current bank statement or included a bank letter on bank letterhead signed by a bank representative.

SIGNATURE:

DATE: