

**Office of DPS Controller**

**Return to:** Address:

Dawn Beasley  
 NC Department of Public Safety  
 4220 Mail Service Center  
 Raleigh, NC 27699  
 Email: dawn.beasley1@ncdps.gov



**GEMS Vendor Electronic Payment**

New Add Request  
 Change/Update Existing Account  
 Inactivate Existing Account

**\*Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

**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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**\*REMITTANCE ADDRESS**

(AS PRINTED ON YOUR INVOICE)

STREET												SUITE/ROOM #			
CITY						STATE			ZIP CODE						
NAME & TITLE												PHONE NUMBER			

**NEW FINANCIAL INFORMATION**

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

**New add requests MUST include contact information for the state agency with which you are doing business.**

<b>*Agency Name:</b>	<b>*Agency Contact Name:</b>
<b>*Agency Contact Email Address:</b>	<b>*Agency Contact Phone Number:</b>

**PRIOR FINANCIAL INFORMATION (only required for updates)**

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

<b>*</b>	<b>ALL BOXES BELOW MUST BE REVIEWED AND CHECKED</b>
	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
	I have attached a copy of a <b>current</b> voided check, current bank statement or included a bank letter on bank letterhead.

<b>*PRINT NAME:</b>	<b>*DATE:</b>
<b>*SIGNATURE:</b>	<b>*PHONE NUMBER:</b>

## Instructions

**\* Denotes a required field on the form**

1. \*Check the appropriate box at the top of the form:
  - New Add Request – Vendor would like to begin receiving payments via ACH.
  - Change/Update Existing Account – Vendor's account number, routing number, or remittance email address has changed.
  - Inactivate Existing Account – Vendor no longer wants to receive payments via ACH.
2. \*Enter the vendor's Tax Identification Number or Social Security Number.
3. \*Enter the Payee Name – The name of the person or business receiving payment.
4. \*Enter the vendor's remittance address. The remittance address is the address printed on your invoice where payments should be sent.
5. \*Enter the vendor's contact name, title, and phone number.
6. \*Enter the vendor's financial information:
  - Financial Institution Name – Name of the financial institution.
  - Name on Account – The account owner's name.
  - Routing Number – Nine-digit number identifying the financial institution.
  - Account Number – The bank account number where the funds should be deposited.
  - Account Type – Is this a checking or savings account? Check the appropriate box.
  - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
7. \*For a **new add request only**, provide the following:
  - Agency Name – The state agency the vendor is doing business with.
  - Agency Contact Name – The vendor's contact person name at the state agency.
  - Agency Contact Email Address – The contact person's email address at the state agency.
  - Agency Contact Phone Number – The contact person's phone number at the state agency.

**NOTE: New add requests MUST include contact information for the state agency with which you are doing business.**
8. Prior Financial Information – this is required if the vendor's bank account, routing number, or remittance email address has changed.
  - Financial Institution Name – Name of the financial institution.
  - Name on Account – The account owner's name.
  - Routing Number – Nine-digit number identifying the financial institution.
  - Account Number – The bank account number where the funds should be deposited.
  - Account Type – Is this a checking or savings account? Check the appropriate box.
  - Remit E-mail address - Enter the email address to which the remittance advices should be sent.
9. \*Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the form will not be processed.**
10. \*Print Name – Print the name of the authorized signee on the form.
  - \*Date – Date of signature.
  - \*Signature – The authorized signee's signature.
  - \*Phone Number – The authorized signee's phone number.

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**Please allow up to 30 days for processing.**

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