Form SAS63
Rev 07/10/06

Commonwealth of Kentucky
Finance and Administration Cabinet

Dept# _____

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

1. Enter the following vendor information:

Vendor Information

FEIN/Emp ID# _____

Vendor Name _____

TIN Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Contact _____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account.

3. Complete Section B to cancel the electronic deposit authorization.

Section A: Enrollment or Change Authorization

Select One: ◉ New Enrollment ○ Financial Institution or Account Change

Financial Institution Information

Bank Name _____

Branch _____
or correspondent Bank (if applicable)

City _____ State _____ Zip _____

Transit/ABA# _____

Account #: _____

Account Type (select one) ☐ Checking Account ☐ Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky received written notice or cancellation

Signature _____ Date _____

Name Printed _____ Job Title _____

Section B: Cancellation

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the State of

Signature _____ Date _____

Name Printed _____ Job Title _____