



STATE OF RHODE ISLAND VENDOR ACH ENROLLMENT FORM



To setup payment via ACH with the State of Rhode Island, please complete this form and enclose an **original** voided check, savings deposit slip or bank letter and forward via USPS to the address on page 2.

Select Appropriate Transaction Type: New* _____ Change*+ _____ Delete _____

***requires original voided check, savings deposit slip or bank letter**
+requires prior bank account information to be furnished below

Company/Supplier Name _____

Taxpayer Identification Number (TIN/EIN/FIN) _____

I (we) hereby authorize the State of Rhode Island to initiate credit entries via ACH to my (our) account:

Checking Account (attach original void check/bank letter) Savings Account (attach original deposit slip)

Bank Name _____ Exact Name on Account _____

Routing Number _____ Account Number _____
(Banking information must match supporting documentation attached)

IF CHANGING ACH ACCOUNT, YOU MUST PROVIDE PRIOR BANKING INFORMATION BELOW:

Routing Number _____ Account Number _____

I (we) acknowledge that the origination of ACH transactions to my (our) account comply with the provisions of U.S. law.

Name _____ Official Title _____
(Please Print)

Tel # _____ Fax # _____ E-Mail _____

Signature _____ Date _____
(Original Signature Required – Digital Signatures Not Acceptable)

This authorization is to remain in full force and effect until the State of Rhode Island has received written notification from the above referenced Company/Supplier of its termination in such time and in such manner as to afford the State of Rhode Island a reasonable opportunity to act upon it.

Signature Notarization (Required):

State of _____

County of _____

On this _____ day of _____, 20__ before me personally appeared

_____ who proved to me through satisfactory evidence of identification, which was _____, to be the party whose name is signed on this form and he/she acknowledged to me that he/she signed it for the stated purposes.

NOTARY PUBLIC
My Commission Expires:

AFFIX SEAL BELOW - REQUIRED

For State Use Only
RI Supplier # _____
Date Entered _____



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Mail via USPS completed form and original voided check or bank letter to:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Scanned/Faxed copies of this form will not be accepted.

All requests are subject to audit and verification. Therefore allow 4-6 weeks for processing.

To view deposits/payment information online, go to <http://www.ripay.ri.gov> or the State Portal.