



VENDOR INFORMATION

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: _____

Daytime telephone number: _____

Print or Type

Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.) _____

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name) _____

Remit Address (number and street, city, state, and ZIP code) _____

Purchase Order Address – Optional (number and street, city, state, and ZIP code) _____

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) _____ - _____ - _____ or EIN _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)

Individual Sole Proprietorship Partnership

Estate / Trust *Note: Show above, the name and number of the legal trust, or estate, not personal representatives*

Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]

Corporation Do you provide legal or medical services? Yes No

Government (or Government operated entity)

Organization Exempt from Tax under Section 501(a)

One box must be checked I am a U.S. Person (including a U.S. resident alien) I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

Add Deposit Change Deposit **Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder's Name: _____ Account Number: _____

Type of Account: Checking (Demand) Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____

Telephone: (_____) _____

Address: _____

Number and Street, and/or P.O. Box No. _____

City, State, and ZIP Code (00000-0000) _____

ABA Transit-Routing Number _____

Financial Institution's Authorized Signature _____

Title _____

_____, 20____

Date _____

ATTACH A NON-ALTERED VOIDED CHECK HERE

ATTACH A NON-ALTERED VOIDED CHECK HERE

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS
(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (print or type) _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____