

South Carolina Department of Social Services
AUTHORIZATION AGREEMENT AND ENROLLMENT FORM
FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE

By signing this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. All electronic payment authorizations/changes require a 10-day prenote process. During the prenote process all payments will default to a check. I understand that payments and reimbursements **may** be made by the State, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the SC Dept. Social Services in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new SOUTH CAROLINA DEPT. SOCIAL SERVICES OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM**. Failure to notify the SC Dept. Social Services Office of an account change will delay payment.

Return completed form to the following address:

South Carolina Department of Social Services
 Attention: Financial Services – ePay
 P.O. Box 1520
 Columbia, SC 29202-1520

Instructions:

1. Vendor/payee must complete Sections 1 and 2.
2. Submit a voided check if using a Checking Account.
3. If not using a Checking Account, your Financial Institution must complete Section 3 below.
4. Mail the original completed form and voided check to the SC DSS office at the address indicated to the left.

I Receive Payments From: CACFP Foster Care/Adoptive ABC Voucher SFSP Other: _____

Section 1 – Vendor Identification Number (VIN) (TO BE COMPLETED BY THE PAYEE)

Employer Identification Number (EIN) <table style="width: 100%; height: 20px; border: none;"> <tr> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> </tr> </table>					OR	Social Security Number (SSN) <table style="width: 100%; height: 20px; border: none;"> <tr> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> </tr> </table>				
For Businesses: Enter the EIN as reported to the South Carolina Comptroller General's Office on Form W-9 .		For Individuals: Enter the SSN as reported to the South Carolina Comptroller General's Office on Form W-9 .								

Section 2 – Vendor/Payee Information (TO BE COMPLETED BY THE PAYEE)

Please Print or Type	Name of Payee as Shown on the Bank Account:	Contact Person Name:				
	Business name, If Different From Above:	Contact Signature:				
	Address (Number and Street and Apt. No. or P.O. Box No. and Suite No.):	Contact Telephone No. (Include Area Code):				
	City, State and ZIP Code:	Date:				
	Depositor Account Number (Up to Seventeen (17) Positions): <table style="width: 100%; height: 20px; border: none;"> <tr> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> </tr> </table>					
TRANSIT CODE: 22 – Checking Account 32 – Savings Account						

Section 3 – Financial Institution Information (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)

(Only complete if you cannot provide a voided check.)

Financial Institution Name and Address:	Bank ABA Number (Nine Positions): <table style="width: 100%; height: 20px; border: none;"> <tr> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> <td style="width: 25%; border: none;"> </td> </tr> </table>				
	Account Title:				

Financial Institution Certification I confirm the identity of the above named Vendor/Payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit electronic credit entries from the State.			
Print or Type Representative's Name:	Signature of Representative:	Telephone No. (Include Area Code):	Date: