

Office of the State Controller
Return to: OSC Support Services Center
 Address: 1410 Mail Service Center
 Raleigh, NC 27699-1410
 Email: osc.support.services@osc.nc.gov
 Telephone: 919-707-0795



Vendor Electronic Payment Form
 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											
*PAYEE NAME											
*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)	STREET						SUITE/ROOM #				
	CITY					STATE		ZIP CODE			
*CONTACT	NAME & TITLE					PHONE NUMBER					

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:										
*NAME ON ACCOUNT:										
*NEW ROUTING NUMBER:										
*NEW ACCOUNT NUMBER:										
*ACCT TYPE:	Checking					Savings				
*REMIT E-MAIL ADDRESS										

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

*Agency Name:	*Agency Contact Name:
*Agency Contact Email Address:	*Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:										
NAME ON ACCOUNT:										
ROUTING NUMBER:										
ACCOUNT NUMBER:										
ACCT TYPE:	Checking					Savings				
REMIT E-MAIL ADDRESS										

*	ALL BOXES BELOW MUST BE REVIEWED AND CHECKED										
	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 current voided check, current bank statement or included a bank letter on bank letterhead.										
*PRINT NAME:						*DATE:					
*SIGNATURE:						*PHONE NUMBER:					