Add Deposit Change Deposit Stop Deposit	Name of Vendor/Claima	lame of Vendor/Claimant who prepared this Request	
		Work Number:	
State Form 47551 (2/96) Approved by State Board of Accounts 09/1997	Name:	Home Number:	
STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHOR	RIZATION AGREEMENT	Г	
Instructions:  1. Requestor will complete first section and have their bank/credit union complete Section  2. The bank/credit union will complete Section 2 and return to the requestor.  3. Requestor will file completed form with Auditor of State, 200 West Washington St., R  4. Requestor and depository should retain a copy. Additional blank copies are available.	doom 240, Indianapolis, IN 46204-2728	2-3300	
SECTION 1: REQUEST AND AUTHORIZATION			
Vendor / Claimant as shown on the account	Federal I.D. Number / Social S	Security Number	
		•	
Address (Number and Street, and/or P.O. Box No.)  requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.			
It is understood by the undersigned Vendor/Claimant the Treasurer of State to: (1) initiate credit (deposits) in various and automated clearing house (ACH) processes, to the below listed depository named below, and, (2) if necessary, to initiate debit to resulting from a deposit/credit entry that was made under this at this request and authorization by notifying the Auditor of State in account or to a new financial institution will require a new S Agreement. Failure to timely notify the Auditor of an account char	I varying amounts, by electronic checking (demand) or savings entries or adjustments solely to uthorization. The Vendor/Clair writing at least fifteen (15) days state of Indiana Automated Di	c transfer of funds through account designated in the correct any credit error mant may revoke or cancel s prior. Any change to the	
Name of Depository:			
Type of Account:	Savings		
Depository Account Number:			
, 20	Signature of Vend	lor / Claimant	
SECTION 2: DEPOSITORY'S APPROVAL  The above is satisfactory and the undersigned designated			
Name of Depository:	Phone	<b>e</b> : ( )	
Address:  (Number and Street, and/or P.O. Box No.)	(City, State, and Zip Code	(00000-0000)	
Date	Depository's Autho	rized Signature	

Title

ABA Transit-Routing Number