

# SOUTH CAROLINA STATE TREASURER'S OFFICE

## AUTHORIZATION AGREEMENT AND ENROLLMENT FORM FOR ACH ELECTRONIC VENDOR PAYMENT AND REMITTANCE

By submitting 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. I acknowledge that direct deposits to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. I affirm that the entire payment amount is not subject to being transferred to a foreign bank account. 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 State Treasurer's Office 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 STATE TREASURER'S OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM.

Failure to notify the SC State Treasurer's Office of an account change will delay payment.

**Instructions:**

- Vendor/payee must complete all fields below.** Please consider any payments you may receive from the South Carolina State Treasurer's Office when preparing this form. If you need to enroll different bank accounts for different types of payments, please prepare a separate enrollment form for each bank account and check the box below on each form.

**I am enrolling multiple deposit accounts.**

- Include a voided check or verification letter from vendor/payee's financial institution.** Please do not send a voided deposit ticket as these do not contain valid ACH Bank ABA Routing Numbers. If a savings account is selected for receipt of payment a verification letter from vendor/ payee's financial institution must be included. Vendor/payee must keep a copy of the completed form and send the original to the SC State Treasurer's Office at the address indicated in the footer below.

If you have any questions, please call Renee Herndon at (803) 734-2681 or contact via email at [renee.herndon@sto.sc.gov](mailto:renee.herndon@sto.sc.gov).

**Please read the information below before completing the fields to the right.**

- For Businesses: Enter your Employer Identification Number (EIN) as reported to the South Carolina Comptroller General's Office on **Form W-9**.
- For Individuals: Enter your Social Security Number (SSN) as reported to the South Carolina Comptroller General's Office on **Form W-9**.

Please Provide EIN or SSN – Not Both

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Please Indicate Which You Are Providing: EIN or SSN?

EIN

SSN

Name of Payee as Shown on the Bank Account			Contact Person Name						
Business Name, If Different From Above			Contact Person Telephone Number (Include Area Code)						
Address - Number & Street & Apt. No. or PO Box No. & Suite No.			South Carolina State Vendor Number (If Known)						
City	State	Zip Code	Remittance Advice Email Address						
<b>Financial Institution Information</b>			Details for each ACH payment will be emailed to this address. It is preferred that a general or shared email address is used instead of an individual employee's email address.						
Depositor Account Number (Up to 17 Digits)								Checking or Savings?	
Financial Institution Name			Financial Institution ABA Number (Must Be 9 Digits)						
Institution Address - Number & Street & Apt. No. or PO Box No. & Suite No.			City		State		Zip Code		

**MAILING ADDRESS:**

South Carolina State Treasurer's Office  
 Attn: Electronic Payment Enrollment Form  
 1200 Senate Street, Suite 214  
 Columbia, SC 29201