

**STATE OF VERMONT  
SUPPLIER ACH AUTHORIZATION FORM**



**COMPLETE ALL FIELDS IN EACH SECTION AND RETURN WITH IRS FORM W-9**

Action Requested:(*check one*)  ADD NEW  \*REPLACE EXISTING ACCOUNT  CANCEL

**Section 1: Supplier Identification (Individual/Entity receiving payment)**

SUPPLIER NAME		
REMIT/MAILING ADDRESS		
CITY	STATE	ZIP CODE
TAXPAYER IDENTIFICATION NUMBER [EIN <u>or</u> SSN]		
CONTACT PERSON	CONTACT TELEPHONE	CONTACT EMAIL

**Section 2: Verification of Business Relationship**

Provide the State of Vermont (SOV) Agency/Department Name, SOV Contact Person & SOV Contact Telephone that is involved in and/or responsible for issuing payment to you/your entity. (If there is more than one, please provide primary paying department).

SOV AGENCY/DEPARTMENT NAME	SOV CONTACT PERSON
SOV CONTACT TELEPHONE	SOV CONTACT EMAIL

**Section 3: Banking Information**

BANK NAME			
BANK ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	ROUTING NUMBER (9 digits)	ACCOUNT TYPE ( <i>check one</i> ) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

\*REPLACE EXISTING ACCOUNT – Required when \*Replace Existing Account is selected above  
Provide bank account number currently on file with the State of Vermont

**Section 4: Supplier Authorization**

I authorize the State of Vermont to initiate/change/cancel ACH credit entries to the above bank account. I further authorize the State of Vermont to reverse any payment made to this account in error.

SIGNATURE		
PRINTED NAME	TITLE ( <i>optional</i> )	DATE

**Email, fax or mail completed ACH form along with required IRS form W-9 ([irs.gov](http://irs.gov)) for processing to:**

VT Dept of Finance & Management 109 State Street, 4 <sup>th</sup> Floor Montpelier, VT 05609-5901	Email: <a href="mailto:VISION.SupplierRequests@vermont.gov">VISION.SupplierRequests@vermont.gov</a> Fax: 802-828-2434
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If you have questions when completing this form, contact the VT Dept of Finance & Management at 802-828-0354.