

**Oneida Nation
Vendor Payment – Direct Deposit (ACH) Authorization Form
Employees, Boards, Committees and Commissions**

A. Vendor Information

| | |
|-----------------------|--|
| Vendor Name (printed) | |
| Vendor Number | |
| E-mail address | |

B. Vendor Bank Information

| | | |
|-----------------------------|--|---|
| Bank Name | | |
| Bank Routing number (ABA #) | | |
| Vendor Bank Account # | | |
| Vendor Bank Account Type | | Enter "C" for checking OR "S" for savings |

C. Agreement

I hereby authorize the Oneida Nation to electronically deposit amounts owed to me for goods and/or services provided to the Nation via direct deposit to my account (this includes my authorization to reverse any entries made in error.)

I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

This authorization is to remain in effect until the Oneida Nation has received written notice of my intent to change/terminate this agreement or at the discretion of the Oneida Nation.

The Oneida Nation must receive my written notification of any financial institution changes (including closing of accounts) at least 15 days prior to the change in order to change/terminate this direct deposit authorization.

I will not hold the Oneida Nation responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

D. Vendor Approval

| | |
|-------------|--|
| Signature | |
| Date | |
| Telephone # | |

E. Instructions

| | |
|-----------------------------|--|
| Vendor Name | Please fill in vendor name Please use a legal name, not a nick name |
| Vendor Number | Please fill in vendor number. If you are an employee, this will be the same as your employee number |
| E-mail address | The e-mail address you want your check stub to be e-mailed to. |
| Bank Name | Please obtain the information from your bank. |
| Bank Routing Number (ABA #) | Please obtain the information from your bank |
| Vendor Bank Account # | Please obtain the information from your bank |
| Vendor Bank Account Type | Enter a "C" for checking or an "S" for savings. |
| Signature | Signature |
| Date | Date the form was signed |
| Telephone # | Telephone number of the person who signed the form |