

**Oneida Nation
Vendor Payment – Direct Deposit (ACH) Authorization Form**

A. Vendor Information contained in the Oneida Nation Accounts Payable System

Vendor Name	
Vendor Number	
Tax ID #	
E-mail address	

B. Vendor Bank Information needed to Authorize ACH Direct Deposit payments. The vendor will complete this section. Please see the instructions on page two.

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

**** Please attach a voided check or a letter from your bank to verify this information****

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. Authorized Vendor Approval

Printed Name of Vendor Representative	
Vendor Authorized Signature	
Date	
Telephone #	

E. Instructions

Vendor Name	Filled in by the Oneida Nation or by the vendor
Vendor Number	Filled in by the Oneida Nation or by the vendor
Tax ID #	Filled in by the Oneida Nation or by the vendor
E-mail address	The e-mail address you want the check stub information sent 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	Place a check mark in front of either the checking or the savings.
Printed Name of Vendor Representative	Printed name of representative of the vendor. This person must be the individual vendor or legally able to represent the vendor.
Vendor Authorized Signature	Signature of the printed name
Date	Date the authorization was signed
Telephone #	Telephone number of the person who signed the form