

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF SUPPLIER PAYMENT
 (Form must be completed by the Supplier. All fields are mandatory for completed sections.)

Part I: Supplier Information

SMART Supplier ID (Provided by state agency. Do not enter SSN or TIN.)			
SMART Supplier Name		Contact	
Street			
City		State	Zip
Telephone Number		Email	

Part II: New Enrollments All suppliers, individual and business, must include proof of checking or savings account (voided check or bank letter).

Bank Name	Supplier Name as It Appears on Bank Account
Bank Routing Number	Account Number
Account Type (select one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

Part III: Change in Banking Information Complete all fields in Part II and Part III for a change in banking information.

Old Bank Name	Supplier Name as It Appears on Bank Account
Old Bank Routing Number	Old Account Number
Date of Recent Payment	Amount of Recent Payment

Part IV: Signature of Supplier

I, the undersigned, authorize the State of Kansas to originate future electronic deposit entries directly into my checking or savings account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the State of Kansas receives written notice of cancellation from me. I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Signature _____ Date _____
 Name (printed) _____ Job Title _____

Part V: Agency Certification (to be completed by state agency)

I, the undersigned, certify that I have contacted this supplier and have verified the information is true and correct and that the contact is authorized to make account changes for the supplier.

Signature _____ Date _____ Print Name _____
 Agency Number _____ Agency Phone Number _____
 Supplier Contact Name _____ Supplier Contact Phone/Email _____