



**Agency Use Only**

Agency Number: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_

**Direct Deposit Authorization Form (2/24)**

**Part I - Identification** (Always required) Please see the Instructions - Part I.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank:

Business name/DBA/disregarded entity name if different from above:

Address (Number, Street, and Apt. or Suite No.):

City, State, and ZIP Code:

Website:

**Taxpayer Identification Number:**                      Social Security Number                      **or**                      Employer Identification Number

Phone:	E-mail:	Confirm E-mail:
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**Part II - Direct Deposit Authorization** (Optional) Please see Instructions - Part II.

<b>Request Type:</b>	New	Change	Cancel	<b>Account Type:</b>	<input type="radio"/>	Checking Account
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	Savings Account

**Account Verification:**

If the Request Type is **Change** or **Cancel**, provide the account number that is currently receiving deposits:

\_\_\_\_\_

If the Request Type is **New** or **Change**, provide the account number you are requesting be setup for deposits:

\_\_\_\_\_

Account Holder Name/Title (Title required if company account):

\_\_\_\_\_

I hereby authorize and request the Idaho State Controller's Office (SCO) and the Idaho State Treasurers Office (STO) to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and STO may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. This authority will continue until such time as SCO and STO have had a reasonable opportunity to act upon written notice to terminate or change the direct deposit service initiated herein.

I acknowledge that electronic payments 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 (OFAC). I affirm that, regarding electronic payments the State of Idaho may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.

Signature of Authorized Signer on the Account	Print Name:	Sign and Date:
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**Supporting Documentation Required for Direct Deposit:**

Attach a voided check (not a deposit slip) or bank verification letter confirming the account information provided is valid.  
 Bank verification letters must be dated within 3 months of form submission.

## Purpose

This form is used to provide the State of Idaho Controller's Office with ACH/Direct Deposit information. Using this form, an Idaho State vendor may request the following:

- Initial direct deposit setup for new and existing Idaho State vendors.
- Change to previously established vendor direct deposit information.
- Cancellation of previously established vendor direct deposit setup.

## Instructions - Part I

The SCO will only accept the most current version of the Direct Deposit Authorization form, located on the SCO website (2/2024). Print or type the following Payee/Company information:

- Name of the payee/contact person handling ACH vendor payments.
- Name of the company/DBA handling ACH vendor payments, if different from contact person.
- Address of the payee/company handling ACH vendor payments.
- Social security or taxpayer ID number (also known as the employer identification number).
- Telephone number and email address for the primary contact.
- Primary web presence for the payee/company.

## Instructions - Part II

### Request Type:

- New: If you are requesting a new direct deposit.
- Change: If you want to update your existing direct deposit information.
- Cancel: If you wish to stop or cancel your current direct deposit.

### Account Type:

- Checking: If your direct deposit is linked to a checking account.
- Savings: If your direct deposit is linked to a savings account.

Ensure that the selected account type aligns with the account details provided to avoid processing issues.

### Account Verification:

For Change and Cancel Requests, provide your current account information in the designated field. This should be the account details associated with your existing direct deposit.

For New and Change Requests, fill in the new account information in the second field. This is required for both new requests and changes to existing direct deposits.

The SCO will only accept forms submitted with a signature and supporting documentation (voided checks or bank verification letters) dated within 3 months of form submission.

To verify accuracy of bank information, please include a copy of a voided check or some other supporting documentation that includes your bank information. For accounts from which you do not write checks, please include a letter from your bank showing the ABA (American Bankers Association) routing number, account number, and the name(s) on the account.

## Direct Deposit Authorization Form Submission Instructions:

- Online Form - Fill out and submit this form with an attached scan of a voided check (not a deposit slip) or bank verification letter of your checking or saving account number. Form location: <https://www.sco.idaho.gov/LivePages/STARS-Forms.aspx>
- E-mail - Attach the form along with a scan of a voided check (not a deposit slip) or bank verification letter of your checking or savings account number to an email addressed to [servicedesk@sco.idaho.gov](mailto:servicedesk@sco.idaho.gov).
- Mail - Fill out the form and send it along with a voided check (not a deposit slip) or a bank verification letter of your checking or savings account number to the following address:

Idaho State Controller's Office  
P.O. Box 83720  
Boise, ID 83720-0011

- To reduce the risk of fraud, the SCO may contact you to verify the banking information provided using this form -

Invalid account information will be rejected, generating a notice of change. A notice of change will void this request form. Payments will continue to be sent via mailed paper warrant until a direct deposit request is processed successfully.