

Company eVendor Agreement Setup

West Virginia State Auditor's Office/ ePayments Division - 1900 Kanawha Blvd E - Bldg 1, Rm W-121 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

Vendor Name:

FEIN:

wvOASIS Vendor Customer Code:

Address 1:

Address 2:

City: State: Zip Code:

Contact Name: Phone Number:

ACCOUNT INFORMATION

Financial Institution Name:

Routing Number: Checking Saving

Account Number:

In order to process this agreement one of the following is required:

- Voided Check (Counter Checks are not acceptable.)
- A letter from the financial institution (on FI letterhead) listing the account information, printed name and signature of financial institution representative, title and contact information.

IAT - International ACH Transaction - One box must be checked.

Are funds received being deposited in a U. S. financial institution and the amount subsequently forwarded to a financial institution in a foreign country? YES NO

ACCESS TO REMITTANCE INFORMATION

In order to view your remittance information you will need to sign in to Vendor Self Service by going to <http://www.wvoasis.gov/>. You will be able to view, track and check the status of your payments.

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution as indicated, hereinafter called Depository, and to credit the same to such account. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

Authorized Signature: _____

Date:

Print Name:

Title:

BUSINESS DESIGNATION **YES**
CODE CORRECT: **NO**

FOR WVSAO USE ONLY!