

# Company eVendor Agreement Change

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:	<input type="text"/>		
wvOASIS Vendor Customer Code:	<input type="text"/>	FEIN:	<input type="text"/>
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>

## CHANGE ACCOUNT INFORMATION FROM:

Financial Institution Name:	<input type="text"/>															
Routing Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CHANGE ACCOUNT INFORMATION TO:

Financial Institution Name:	<input type="text"/>															
Routing Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Saving
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## In order to process this agreement one of the following is required for the new account:

- 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

I (Company) hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution named above, hereinafter called Depository, and to credit the same to such account. I (Company) further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I (Company) 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