ARIZONA
DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

Automated Clearing House (ACH) Authorization

Instructions

- Do not submit completed form to State of Arizona agencies. Any request for ACH payments into multiple ACH accounts will be reviewed and approved on a case-by-case basis.
- For AHCCCS Medicaid Providers, only use the following link to self-register EFT/ACH information: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html
- Contact Vendor.PayAutomation@azdoa.gov with questions or concerns.

- Do **not** submit the form to the agency with which business is being conducted.
- Submit the completed form to: Vendor.PayAutomation@azdoa.gov

Section 1: Request Type *(Select One)*

◯ New ◯ Change ◯ Cancellation Cancellation Reason: _____

Section 2: Taxpayer Identification Number (TIN) *(Whichever is associated with the legal name in the next section.)*

EIN Assigned by IRS _____ ***OR*** Social Security Number _____

Section 3: Legal Name, Address, and Contact Information

Legal Name			
Street Address		City	
State		Zip Code	
Phone Number	Ext	Email	

Section 4: Change Information *(For Change Requests Only)*

Change?	Type of Change	Previous Value
◯ Yes ◯ No	Financial Institution	
◯ Yes ◯ No	Account Type *(Select One)*	◯ Checking ◯ Savings
◯ Yes ◯ No	Account Number	

Section 5: Authorization for New Setup, Change(s) or Cancellation

Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona via Automated Clearing House (ACH) deposits. The State of Arizona shall deposit the ACH payments in the financial institution and account designated below. **I recognize that if I fail to provide complete and accurate information** on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.

I authorize the State of Arizona to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.

If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State of Arizona to withhold any payment owed to me by the State of Arizona until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request.

I certify that I have read and agree to comply with the State of Arizona's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize the State of Arizona to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.

	Signature	Name	Title	Date
1.*				
2.				
3.				

**Required*

Addendum Record Format: ◯ CTX ◯ CCD+ *Detailed ACH payment can also be viewed online at* https://venpay.az.gov/paymtsearch.

Section 6: Financial Institution *(The address is optional, but the financial institution name is required.)*

Financial Institution Name			
Street Address		City	
State		Zip Code	
Phone Number	Ext	Account Type	◯ Checking ◯ Savings
Routing Number		Account Number	

For General Accounting Office (GAO) Use Only

Vendor #		Address ID	
Doc Number		Entity Contact/Verified by	

Verified and Entered by	Approved by
Name	Name
Date (Month / Day / Year)	Date (Month / Day / Year)