

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): <div style="display: flex; justify-content: space-around; width: 100%;"> Checking Account Savings Account </div>	

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