

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF FINANCE

FRANK H. MURKOWSKI, GOVERNOR

P.O. Box 110204
Juneau, AK 99811-0204
Phone: 465-2264
Fax: 465-2169

To Whom It May Concern:

This is an **Electronic Payment (EDI)** information letter to encourage you to sign up to receive your State of Alaska payments through the electronic process. Payments you receive from the State will be deposited directly into your bank account instead of by mailed paper warrant.

Please note the State of Alaska can only make electronic payments within the US.

What do I need to do to receive electronic payments?

- Fill out the attached Electronic Payment Agreement form and send it in.
- Information about the deposits you receive will appear on your bank statement. If this information is not sufficient for you to identify the payments, contact your bank to make arrangements to receive complete remittance information.

When will I start receiving my payments electronically?

You should begin receiving your payments electronically about one month after you return the Electronic Payment Agreement form. Upon receiving the form, the State of Alaska first sends a zero dollar test transmission to verify the accuracy of bank account information before "live" payments are sent. Depending on your bank, you may or may not be notified that this test was processed.

Where do I find the Routing Transit Number (RTN) that you ask for?

For a checking account, you can find this number on the bottom left of your check as a 9-digit number directly to the left of your account number. (See the attached illustration). This number does not appear on a savings deposit slip. If you would like your payments deposited into your savings account, call your bank to obtain the RTN.

Where and how do I send my Electronic Payment Agreement form?

Mail your Electronic Payment Agreement form to:
State of Alaska
Department of Administration/Finance
Attn: Corin Whittemore or Phillip Subeldia
PO Box 110204
Juneau, AK 99811-0204.

Or you may fax the form to the State of Alaska at 907-465-2169.

Where can I find an extra copy of the Electronic Payment Agreement form?

You can find the Electronic Payment Agreement form on the State of Alaska EDI Website.
http://fin.admin.state.ak.us/dof/electronic_payments/index.jsp

Who can I contact if I have questions?

Corin Whittemore at (907)-465-2264, email corin_whittemore@admin.state.ak.us,
Phillip Subeldia at (907)-465-5604, email phillip_subeldia@admin.state.ak.us

Sincerely,

STATE OF ALASKA

How to find the Routing Transit Number (RTN)

<i>John Smith</i> <i>122 Main Street</i> <i>Anytown, AK 99800</i>	3333
<i>Pay to the</i> <i>Order of</i> _____	\$ _____
<i>Any Bank</i> <i>Anytown, AK</i>	_____ Dollars
00000000 123456789 00987654321 3333	

Routing Transit Number

BANKING INFORMATION	
Financial Institution Name: <u>Any Bank</u>	CHECK ONE ONLY
City, State: <u>Anytown, AK</u>	<input checked="" type="checkbox"/> CHECKING (Attach a voided check) <input type="checkbox"/> SAVINGS (Attach a deposit slip, if possible, for verification.)
9 Digit Routing Transit Number (RTN): <u>123456789</u>	
Account Number: <u>987654321</u>	
Name of or Name on Account: <u>John Smith</u>	
This account is used primarily for: <input type="checkbox"/> Business <input checked="" type="checkbox"/> Personal	

STATE OF ALASKA

ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:
Department of Administration, Division of Finance
Attention: Corin Whittlemore
PO BOX 110204, Juneau, Alaska 99811-0204

or Fax to (907) 465-2169

Vendor #:

Agency:

Please fill in required fields designated with asterisks **

SECTION A

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

Legal Name: **	_____	SSN / EIN: **	_____
	(NAME USED ON LEGAL AND TAX DOCUMENTS)		(TAX IDENTIFICATION NUMBER)
Business Name:	_____		
	(IF DIFFERENT FROM LEGAL NAME / NAME USED IN DOING BUSINESS - DBA)		
Address: **	_____	City **	_____
	(MAILING ADDRESS)	ST **	_____
		ZIP+4: **	_____
Remittance Address:	_____	City:	_____
	(IF DIFFERENT FROM ABOVE)	ST:	_____
		ZIP+4:	_____
Phone **	_____	Fax:	_____
		Email:	_____
Contact Name **	_____		

BANKING INFORMATION

Financial Institution Name: **	_____	CHECK ONE ONLY ** <input type="checkbox"/> CHECKING (Attach a voided check) ** <input type="checkbox"/> SAVINGS (Attach a deposit slip, if possible, for verification.)
City, State: **	_____	
9 Digit Routing Transit Number (RTN): **	_____	
Account Number: **	_____	
Name of or Name on Account: **	_____	
This account is used primarily for: **	<input type="checkbox"/> Business <u>OR</u> ** <input type="checkbox"/> Personal	

If you checked your account as business, then we must know which selection you want below:

SECTION B

Per NACHA (National Automated Clearing House Association) Operating Rules, your bank must provide you with the remittance information (referred to as addenda) the State includes with each payment. If the information on your statement is not sufficient, it is your responsibility to submit a request to your bank asking them to provide you with this remittance information. It may be provided by email, fax, statement, or through a software application. Depending upon the format, there may be a charge for the service for which you are responsible for payment.

For businesses only, this addenda information can appear in two different formats as indicated below. If the account indicated above is for a **business**, please choose one of the options below.

- Payments deposited separately with one addendum record for each payment (used by most businesses).
- Payments combined into one deposit with multiple addenda records for each payment in the deposit (used by large businesses expecting multiple daily payments). You will need to contact your bank to make arrangements to receive complete remittance information.

I hereby authorize the State of Alaska to satisfy payment obligations due me by making deposits to the account indicated above. I understand that receipt of the electronic fund transfer(s) will fulfill the State's payment obligation and the State will be credited for the full amount on the date the fund transfer is completed. I also authorize the State of Alaska to initiate debit entries and adjustments for any credit entries made in error to this account. I understand the State will make a reasonable effort to notify me within 24 hours if a debit entry or adjustment is made against this account. This authority is to remain in full force through the duration of this agreement. I understand that thirty (30) days notice, in writing, is required if I change financial institutions, account numbers or type of account. All correspondence with the state concerning this agreement or any changes to account information should be sent to the address at the top of this form. All terms remain in effect until this agreement is terminated by either party.

SIGNATURE: ** _____
PRINTED NAME: ** _____

DATE: ** _____
TITLE: _____