Add Danasit	Change Banasit	Cton Donocit	N 64	1.401: 4.1	
Add Deposit	Change Deposit	Stop Deposit	Name of Vei	ndor/Claimant who prepared this Request	
04-4- 5 47554 (0/00)				Work Number:	
State Form 47551 (2/96) Approved by State Board of A	Accounts 09/1997		Name:	Home Number:	
STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT					
 Instructions: Requestor will complete first section and have their bank/credit union complete Section 2. The bank/credit union will complete Section 2 and return to the requestor. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728 Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300 					
SECTION 1:	REQUEST AND A	UTHORIZATION			
Vendor / Claimant as shown on the account			Federal I.D. Numb	Federal I.D. Number / Social Security Number	
requests, pursuan	mber and Street, and/or P.O at to IC 4-8.1-2-7(d), to erms stated herein.		<u> </u>	d Zip Code (00000-0000) transfer of funds, and authorizes the	
Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (demand) or savings account designated in the depository named below, and, (2) if necessary, to initiate debit entries or adjustments soley to correct any credit error resulting from a deposit/credit entry that was made under this authorization. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. Any change to the account or to a new financial institution will require a new State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.					
Name of Depos	sitory:				
Type of Account:	: Checki	ing <i>(Demand)</i>	☐ Savings		
Depository Account Number:					
	Date	_, 19	Signat	ure of Vendor / Claimant	
SECTION 2:	DEPOSITORY'S	ADDROVAL	Olgilat.	ure of vertuer / orallitum	
		_	ed depository agrees to a	ccept such automated deposits.	
Name of Depos	sitory:			Phone: ()	
Address:	mber and Street, and/or I	P.O. Pov No.)	(City State on	d Zip Code (00000-0000)	
(Nu	mber and Street, and/or i	r.o. dux No.j	(Gity, State, an	u zip code (00000-0000)	
		, 19			
	Date		Deposito	ory's Authorized Signature	

Title

ABA Transit-Routing Number