

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF FINANCE

SARAH PALIN, GOVERNOR

P.O. Box 110204
Juneau, AK 99811-0204
Phone: (907) 465-5633
Fax: (907) 465-3798

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.
- Include a copy of your check or savings deposit slip whichever is applicable.
- 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.

What do I do to change my bank account information with you?

When you change banks or bank account numbers and you want your electronic payments to be deposited to the new account, simply fill out a new Electronic Payment Agreement form and mail or fax it in.

How do I close my account or stop electronic payments?

If you wish to stop receiving your payments electronically, please fax or mail the Electronic Payment Agreement form with the "delete" box checked, or a short letter, or an email requesting the stop in electronic payments.

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: Kollette Imbler or Phillip Subeldia
PO Box 110204
Juneau, AK 99811-0204.

Or you may fax the form to the State of Alaska at **(907) 465-3798**.

Who can I contact if I have questions?

Kollette Imbler at (907) 465-5633, email kollette_imbler@admin.state.ak.us
Phillip Subeldia at (907) 465-5604, email phillip_subeldia@admin.state.ak.us,

Sincerely,

STATE OF ALASKA

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 below 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.

How to find the Routing Transit Number (RTN)

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

Routing Transit Number - (The routing transit number always has 9 digits)

BANKING INFORMATION		Is this an <input checked="" type="checkbox"/> ADD? <input type="checkbox"/> CHANGE? <input type="checkbox"/> DELETE?	
Financial Institution Name: _____	Any Bank	CHECK ONE ONLY	
9 Digit Routing Transit Number (RTN): _____	123456789	<input checked="" type="checkbox"/>	CHECKING (Attach a voided check)
Account Number: _____	00987654321	<input type="checkbox"/>	SAVINGS (Attach a deposit slip, if possible, for verification.)
Include <u>ALL</u> numbers in your bank account – credit unions may have additional digits			
This account is used primarily for:		<input checked="" type="checkbox"/> Personal	<input type="checkbox"/> Business – see below

STATE OF ALASKA

ELECTRONIC PAYMENT AGREEMENT

RETURN THIS FORM TO:
 Department of Administration, Division of Finance
 Attention: Kollette Imbler
 PO BOX 110204, Juneau, Alaska 99811-0204
 or Fax to (907) 465-3798

Vendor #:

Please fill in required fields designated with asterisks **

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

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

BANK ACCOUNT INFORMATION ** Is this an ADD? CHANGE? DELETE?

** Financial Institution Name: _____	CHECK ONE ONLY
** 9 Digit Routing Transit Number (RTN): _____	** <input type="checkbox"/> CHECKING (Attach a voided check)
** Account Number: _____ Include <u>ALL</u> numbers in your bank account - credit unions may have additional digits	** <input type="checkbox"/> SAVINGS (Attach a deposit slip, if possible, for verification.)
This account is used primarily for: ** <input type="checkbox"/> Personal <u>OR</u> ** <input type="checkbox"/> Business - see below	

Per NACHA (National Automated Clearing House Association) Operating Rules, your bank provides 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 (remittance) record for each payment.

Payments combined into one deposit with multiple addenda (remittance) 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: _____