Rules of
Office of Administration
Division 10—Commissioner of Administration
Chapter 9—Requirements for Direct Deposit of Vendor Payments

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Chapter 9—Requirements for Direct Deposit of Vendor Payments

Title 1—OFFICE OF ADMINISTRATION
Division 10—Commissioner of Administration
Chapter 9—Requirements for Direct Deposit of Vendor Payments

1 CSR 10-9.010 Requirements for Direct Deposit of Vendor Payments

PURPOSE: This rule describes the requirements established to allow vendors on the Statewide Vendor File to participate in the direct deposit of vendor payments.

Editor's Note: This rule is used in conjunction with 15 CSR 50-3.

(1) Vendors on the Statewide Vendor File desiring to participate in the state's direct deposit program must complete section A of the Vendor Automated Clearing House Application form (Exhibit A). The form is provided by any state agency to the vendor who shall be responsible for completing section B before forwarding it to the Office of Administration, Division of Accounting. The completed application authorizes the Office of Administration to deposit (credit) a vendor's designated checking or savings account for the amount of a required payment. It also authorizes a vendor's account to be debited only when an error has occurred resulting in an erroneous payment to the vendor.

(2) Direct deposit of vendor payments will begin following the submission of a properly completed application form to the Office of Administration, Division of Accounting, the successful processing of a test transaction through the banking system and the election by a state agency to make payment to a participating vendor using the direct deposit option.

(3) The state will conduct vendor direct deposit through the automated clearing house system, utilizing an originating depository financial institution. The rules of the National Automated Clearing House Association and its member local Automated Clearing House Associations shall apply, as limited or modified by law.


*Original authority 1990.
## VENDOR AUTOMATED CLEARING HOUSE APPLICATION

### SECTION A - TO BE COMPLETED BY THE VENDOR

1. **VENDOR NUMBER**

2. **VENDOR/COMPANY NAME**

3. **VENDOR/COMPANY ADDRESS**

4. **TYPE OF APPLICATION**
   - [ ] NEW
   - [ ] CHANGE
   - [ ] CANCEL

5. **TYPE OF ACCOUNT - CHECK ONLY ONE**
   - [ ] C (CHECKING)
   - [ ] S (SAVINGS)

6. **ROUTING NUMBER**

7. **DEPOSITOR ACCOUNT NUMBER**

8. **FINANCIAL INSTITUTION NAME**

9. **FINANCIAL INSTITUTION ADDRESS**

**NUMBER & STREET**  |  **CITY**  |  **STATE**  |  **ZIP**  |  **PHONE NUMBER**

10. **I HEREBY AUTHORIZE THE STATE OF MISSOURI TO:**

   - **A.** INITIATE CREDIT ENTRIES (DEPOSITS) AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES (WITHDRAWALS) OR ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT.

   - **B.** TERMINATE MY ENROLLMENT IN THE PROGRAM IF THE STATE IS LEGALLY OBLIGATED TO WITHHOLD PART OR ALL OF MY PAYMENTS FOR ANY REASON.

   - **C.** I UNDERSTAND THAT THIS DOCUMENT SHALL NOT CONSTITUTE AN AMENDMENT OR ASSIGNMENT, OF ANY NATURE WHATSOEVER, OF ANY CONTRACT, PURCHASE ORDER, OR OBLIGATION THAT I MAY HAVE WITH AN AGENCY OF THE STATE OF MISSOURI.

11. **AUTHORIZED VENDOR/COMPANY SIGNATURE**

**PHONE NUMBER**  |  **DATE**

### SECTION B - FOR STATE OF MISSOURI USE ONLY

**I HAVE REVIEWED THE VENDOR INFORMATION FOR COMPLETENESS AND ACCURACY.**

**AUTHORIZED SIGNATURE**  |  **DATE**  |  **PHONE NUMBER**

**MO 300-1278 (9/93)**

**DISTRIBUTION:**  |  **WHITE - C.A. ACCOUNTING**  |  **CANARY - VENDOR**

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**CODE OF STATE REGULATIONS**

(2/16/93)  
Judith K. Moriarty  
Secretary of State
Below are general instructions for completion of the Vendor Automated Clearing House Application. It is important to note the following regarding the State of Missouri’s ACH electronic transfer process:

If you have questions regarding the receipt of your ACH electronic transfer at your financial institution or the ACH electronic transfer process, you should contact your financial institution.

If you have questions regarding completion of the application form, contact the ACH Coordinator with the Office of Administration, Division of Accounting.

If you are approved by the Division of Accounting for ACH electronic transfer of payments and you receive a paper check, you must contact the agency with whom you conducted business. The method of payment is the agency’s decision.

SECTION A COMPLETION INSTRUCTIONS - VENDOR

1. Complete Section A:
   a. **Vendor Number** - The vendor number is the number assigned to you by the Office of Administration, Division of Purchasing and Materials Management. Contact the state agency who buys your products or services or the Division of Purchasing and Materials Management if you are unsure of your vendor number.
   b. **Routing Number** - Your financial institution’s routing number is printed on the bottom left hand portion of your business checks or deposit tickets (9 digits).
   c. **Depositor Account Number** - Your depositor account number is printed on the bottom of your business checks following the routing number. NOTE: Check number is not included in the depositor account number. PLEASE VERIFY YOUR DEPOSITOR ACCOUNT NUMBER AND ELECTRONIC ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION.

2. Attach a voided business check or a deposit ticket to the back of the original (white copy) of this application. This is necessary to verify your account information with your financial institution.

3. Return completed application to the state agency or the Division of Accounting, Truman Building, P.O. Box 609, Jefferson City, MO 65102.

4. ACH Transactions will be initiated approximately 30 days after a properly completed application is approved by the Division of Accounting.

5. Changing Financial Institution or Depositor Account - Vendor ACH Transactions will continue to be deposited into your designated account at your financial institution until the Division of Accounting is notified that you wish to redesignate your account and/or your financial institution. TO redesignate, complete and submit a new Vendor Automated Clearing House application with the new information and forward to the state agency listed on your original application or the Division of Accounting at the above address. PLEASE DO NOT CLOSE AN OLD ACCOUNT UNTIL THE FIRST PAYMENT IS DEPOSITED INTO YOUR NEW ACCOUNT.

6. To delete your ACH electronic transfer you should either complete an application form with the cancel box in item #4 checked or send a signed letter to the ACH Coordinator, Division of Accounting, Truman Building, P.O. Box 809, Jefferson City, MO 65102. All of the information contained on the form must be included for a cancellation.

SECTION B COMPLETION INSTRUCTIONS - AGENCY

1. **Vendor Number** - Verify vendor information per the statewide vendor file.

2. Sign, date and list your phone number.

3. Forward to the Office of Administration, Division of Accounting.