

 ${oldsymbol {\mathcal C}}$ Vendor Agreement (ACH Credits)

I (Company) hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) ____Checking Account ___Savings Account (Select One) at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA).

Depository Name

Branch

www.wvauditor.com

*You MUST attach a voided company check or savings deposit slip.

This authorization is to remain in full force and effect until the State has received a notice of termination from me, or a company representative, in such time and in such manner as to afford the State a reasonable opportunity to act on it. I (Company) further acknowledge that any remittance information associated with payments that I (Company) receive will be made available to me through a secure Internet Web Site. (See Below for Details.)

| Date | Signature | Title | | |
|---|--|---|---------------------------------------|--|
| Print Name | | | | |
| Web Access User Name | | Password | | |
| | | (max 15 characters) | (max 15 characters) | |
| email address for Notification of Payment (1) | | Contact Name | Contact Name | |
| Telephone | | | | |
| email address fo | r Notification of Payment (2) | Contact Name | | |
| Telephone | | | | |
| Does your compa | ny receive any remittance that may be cons | sidered confidential? (For example: Patient information that is protected u | under HIPAAPlease Select One.) | |
| | , , , , , , , , , , , , , , , , , , , | I) will receive both notification of payment and a URL that will li his site can also be accessed via the Auditor's Home Page,wv | | |
| At this site, expar | ded remittance information (well beyond th | hat which is printed on a check stub) will be available. | | |
| | nittance information will appear in an EXCE ing of the state's payment. | EL and ASCII Flat File. It is your choice to print or download whic | chever applicable format necessary to | |
| For information re | garding your electronic payment, contact t | the eCommerce / eBanking Division at: 800. 500. 4079. | | |
| | | Please return to: | | |
| | E Commerce Divi | ision / West Virginia State Auditor's Office | | |
| | | , E • Building 1, Room W104 • Charleston, WV 2530 | 5 | |