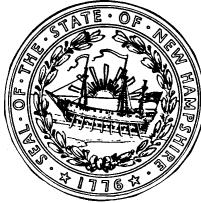


Catherine A. Provencher  
STATE TREASURER



**THE STATE OF NEW HAMPSHIRE  
STATE TREASURY**

25 CAPITOL STREET, ROOM 121  
CONCORD, NH 03301  
(603) 271-2621  
FAX (603) 271-3922

EMAIL: [businessoffice@treasury.state.nh.us](mailto:businessoffice@treasury.state.nh.us)  
TDD Access: Relay NH 1-800-735-2964

**STATE TREASURY ACH ENROLLMENT FORM  
FOR DIRECT DEPOSITS (ACH CREDITS)**

NEW                       CHANGE                       DELETE

Company/Vendor Name \_\_\_\_\_ Taxpayer Identification Number (TIN) EIN/FIN \_\_\_\_\_  
(Hereinafter called "The Company")

I (we) hereby authorize **The State of New Hampshire**, hereinafter called "The 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 (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until The State has received written notification from The Company of its termination in such time and in such manner as to afford The State a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
(Handwritten Signature Required)

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**PLEASE SELECT ONLY ONE OPTION BELOW FOR HOW YOU WOULD LIKE TO RECEIVE YOUR REMITTANCE INFORMATION REGARDING YOUR PAYMENT FROM THE STATE OF NEW HAMPSHIRE:**

**VIA EMAIL ADDRESS:** \_\_\_\_\_

PLEASE PROVIDE AN EMAIL ADDRESS THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS (60 CHARACTER LIMIT –YOU MAY PROVIDE MORE THAN ONE ADDRESS). FOR LARGER ORGANIZATIONS, AN EMAIL DISTRIBUTION ADDRESS IS RECOMMENDED.

**VIA FAX NUMBER:** \_\_\_\_\_

PLEASE PROVIDE A CENTRAL FAX NUMBER FOR YOUR ORGANIZATION THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS.

**PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM AS PART OF THE AUTHORIZATION**

PLEASE RETURN THIS FORM WITH ATTACHMENTS TO THE STATE TREASURY, ATTENTION: TREASURY BUSINESS OFFICE. FORMS MAY ALSO BE SENT VIA FAX OR EMAIL. THANK YOU.

FOR CHANGES TO BANK ACCOUNT OR REMITTANCE INFORMATION: SUBMIT THIS FORM AS A "CHANGE" AND INCLUDE COMPANY NAME AND ALL INFORMATION THAT IS CHANGING. PRINT, SIGN AND SUBMIT FORM TO THE STATE TREASURY.

**INTERNAL USE ONLY**

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**VENDOR NUMBER**

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**VENDOR NAME**

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