

Catherine A. Provencher
STATE TREASURER



**THE STATE OF NEW HAMPSHIRE
TREASURY**

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CONCORD, NH 03301
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FAX (603) 271-3922
EMAIL: treasury@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 STATE, to

initiate credit entries to my (our) Checking Account, Savings Account (**select one**) indicated below 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 _____ Signature _____

Fax # _____ E-Mail _____

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

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

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

VIA EMAIL ADDRESS: _____

PLEASE PROVIDE AN EMAIL ADDRESS*, OR PREFERABLY AN EMAIL DISTRIBUTION ADDRESS FOR LARGER ORGANIZATIONS, THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS. *(50 CHARACTER LIMIT FOR EMAIL ADDRESS)

VIA FAX NUMBER: _____

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

PLEASE RETURN THIS FORM WITH ATTACHMENTS TO THE TREASURY DEPARTMENT, TO THE ATTENTION OF SYLVIA YEATON. THANK YOU.

INTERNAL USE ONLY

VENDOR NUMBER

VENDOR NAME
