



AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

State Form 47551 (R11 / 6-26)

Approved by State Board of Accounts, 2026

Prescribed by State Comptroller, 2026

Reset Form

* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

In accordance with [IC 4-13-2-14.8](#), a person who has a contract with the State of Indiana or submits invoices to the State of Indiana shall authorize the direct deposit by electronic funds transfer of all payments.

This completed form must be submitted to receive payment from the State of Indiana and any time there is an update to banking information. This form must be accompanied by a W9. To change an e-mail address to receive electronic notifications of EFT deposits, please contact suppliers@comptroller.in.gov.

☐ New Supplier Enrollment

☐ Replacing Existing Bank Account on Existing Supplier Record

☐ Adding Additional Bank Account to Existing Supplier Record

If replacing or adding a bank account to existing supplier record, the prior or current bank account information is required:

Prior/Current Routing Number:(9 digits) : _ _ _ _ _

Prior/Current Account Number: _ _ _ _ _

SECTION 1:

AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Name of Company or Individual (as shown on the account)

Federal Identification Number / Social Security Number *

Address (Number and Street and/or PO Box Number)

City, State, and ZIP Code (00000-0000)

SECTION 1A:

CORPORATE SERVICE CLASSIFICATION

Select the appropriate box based on the entity's tax classification and services provided. This information is required for federal tax reporting purposes:

- ☐ Corporation or LLC taxed as a corporation providing legal/attorney services.
☐ Corporation or LLC taxed as a corporation providing medical or healthcare services.
☐ None of the above.

SECTION 2:

DIRECT DEPOSIT INFORMATION

Type of Account:

☐ Checking

☐ Savings

Financial/Bank Institution

Name _____

Routing Number (9 digits): _ _ _ _ _

Account Number (maximum 17 digits – include leading zeros if applicable): _____

SECTION 3:

E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND

TRANSFER (EFT) DEPOSITS *EFT Notifications will only be provided via E-mail. All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

By signing below, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) _____ TITLE _____ TELEPHONE _____

AUTHORIZED SIGNATURE* _____ DATE (month, day, year) _____

* Under [IC 26-2-8-106](#), your electronic signature on this form represents the same legal authority as your written signature.

INSTRUCTIONS:

1. **Select what action you need to take:**
 - **Create a new supplier record or**
 - **Update your existing supplier record. If you need to create a new supplier record, select “New Supplier Enrollment.” If you need to make an update to your existing supplier record, select either “Replacing Existing Bank Account on Existing Supplier Record” or “Adding Additional Bank Account to Existing Supplier Record.” Replacing an account will override the bank account on file. Adding an account will keep the existing bank account on file and add an additional option.**
2. **Complete all three sections and sign and date the bottom of the form.**
 - **For help in creating a digital ID in Adobe please click [here](#).**
3. **Provide the completed form to the state agency that you do business with.**
4. **Retain a copy of the completed form for your records.**

By signing this form you are responsible for ensuring all fields are filled out legibly and instructions above were followed. You also represent that all parties understand, if approved:

1. The State of Indiana must initiate credits (deposits) in various amounts, by electronic transfer of funds through an automated clearing house (ACH) processes, to the listed checking or savings account designated in the financial institution named in Section 2.
2. If necessary, you will accept reversals from the State for any credit entries made in error to the bank account per National Automated Clearing House Association (NACHA) regulations.
3. This request and authorization may be revoked by notifying the State Comptroller via e-mail at suppliers@comptroller.in.gov or in writing at the following address: **Indiana State Comptroller, 200 W. Washington St. Ste 240, Indianapolis, IN 46204**. The authorization will remain in effect until the Office has adequate time to act upon the request.
4. A new Automated Direct Deposit Authorization Agreement is required for a change in existing account information. The prior or current account information is required. Failure to timely notify the State Comptroller of an account change will delay payment.
5. The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an electronic funds transfer and/or you do not properly follow these instructions.
6. E-mail address(es) must be provided in Section 3 to allow for appropriate application of all payments through Electronic Notification. EFT notification will not be provided without a valid email address. To add or remove email addresses, contact suppliers@comptroller.in.gov
7. You acknowledge that it will cause disruption to the notification process if the e-mail addresses provided for electronic funds transfer notification are frequently changed or changed without promptly providing an updated e-mail address to the State Comptroller’s Office.
8. You acknowledge that an e-mail notification returned as undeliverable may be removed from the State Comptroller’s Office e-mail notification system.
9. You are responsible for contacting suppliers@comptroller.in.gov if you are not receiving electronic notices of EFT deposits.