

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

(Please print or type all information)

1. Enter the following vendor information:

VENDOR INFORMATION	
FEIN: _____	Sfx (State usonly) _____
Vendor Name: _____	
TIN Name: _____	
Street: _____	
City: _____	State: _____ Zip: _____
Telephone#: _____	Contact: _____

2. Complete Section A with the deposit information for the baseline and growth funds received from the gross revenues and excise tax fund.

SECTION A

Financial Institution Information
Bank Name: _____
Branch: _____ or correspondent bank (if applicable)
City: _____ State: _____ Zip: _____
Transit/ABA No. _____
Account Number: _____
Account Type (select one): <input type="radio"/> Checking Account <input type="radio"/> Savings Account

3. Complete Section B with the deposit information for the local property tax distribution.

Check here and do not complete Section B if account information is the same as Section A.

SECTION B

Financial Institution Information
Bank Name: _____
Branch: _____ or correspondent bank (if applicable)
City: _____ State: _____ Zip: _____
Transit/ABA No. _____
Account Number: _____
Account Type (select one): <input type="radio"/> Checking Account <input type="radio"/> Savings Account

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4. Complete Section C with the deposit information for the omitted tangible property tax distribution.
 Check here and do not complete Section C if account information is the same as Section A.
 Check here and do not complete Section C if account information is the same as Section B.

SECTION C

Financial Institution Information	
Bank Name:	_____
Branch:	_____
or correspondent bank (if applicable)	
City:	_____ State: _____ Zip: _____
Transit/ABA No.	_____
Account Number:	_____
Account Type (select one): <input type="radio"/> Checking Account <input type="radio"/> Savings Account	

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice or cancellation from me.

Signature: _____ Date: _____

Name Printed: _____ Job Title: _____

Phone #: _____ Email: _____

Address:
Division of Sales and Use Tax
Station 67
P O Box 181
Frankfort, KY 40602-0181

Phone: 502-564-5170
Fax: 502-564-2041
Email: dor.web.response.telecom@ky.gov

