



Exempt Payee - EFT Direct Deposit Enrollment Form Instruction

Payments issued by Oklahoma state agencies are subject to state law (Title 62, Section 34.64) requiring that: "Payments disbursed from the State Treasury shall be conveyed solely through an electronic payment mechanism." To comply with the law, OMES must collect the information necessary to pay all individuals and companies electronically.

State Payees with authorized exemption for the on line Supplier Registration requirement may download and complete an EFT Direct Deposit Enrollment Request Form and submit along with one of the approved bank authorized account verification document to the Office of State Treasurer via fax at 405-521-4994. Exempt Payee status should be verified with the paying state agency or by emailing eft.registration@omes.ok.gov.

The **EFT Direct Deposit Enrollment Request Form** consists of five sections. Please review the instructions shown below for each section to ensure expedited approval of EFT information.

Section I – Payee Information

- (i) Enter the payee's name and taxpayer identification number matching the information registered within the state PeopleSoft payment system. The taxpayer identification number is either the individual's or sole proprietor's social security number (SSN) or the business's employer identification number (EIN) for the payee as registered with the U.S. internal revenue service.
- (ii) Enter the specific remittance address(es) in the state payment system that should be updated with the EFT bank information provided. These addresses should first be applicable on the Addresses section shown within the online registration account and the banking applied via the Payment Profile section.

Section II – EFT Enrollment Request Type

- (i) Select the applicable request type for either adding new EFT information or changing the existing EFT information currently applicable on the payee's state PeopleSoft Supplier ID.
- (ii) To prevent fraudulent bank changes, change requests require verification of bank account and routing numbers currently on file prior to update.

Section III – Payee EFT Enrollment Request and Authorization

- (i) Sole proprietors, individuals and single member LLCs - Enter only the individual's or single member owner's information and signature as the **authorized individual**. No other signatures are required.
- (ii) All other IRS tax filing classifications must include information and signatures for a both a **Requestor** and **Authorized individual**.
 - a. The **Requestor** is an individual who has authority to initiate the EFT payment request on behalf of the company.
 - b. The **Authorized Individual** is required to sign for secondary authorization purposes and must be someone different from the **Requestor**, such as a business official or manager with company verification authority.

Section IV – Bank Verification Document Options

- (i) Registration requests must include a bank verification documentation that verifies the following information:
 - a. Account number
 - b. ACH routing number
 - c. Account holder name
 - d. Payee name and taxpayer identification number shown in Section I is authorized for deposit on the account.
- (ii) **Business entities would be required to utilize bank accounts registered their business EIN.** Any differences in the payee name or taxpayer identification number entered in Section I and the state supplier information must include bank documentation confirming the entity and its unique taxpayer identification number that will receive state payments are authorized for deposit on the account being provided.

Section IV – Bank Verification Document Options, continued

(iii) One of the following bank authorized documents must be submitted for account verification purposes:

- a. **Bank Signed OMES EFT Direct Deposit Enrollment Form** – The EFT Direct Deposit Enrollment Form may be provided to the financial institution for completion of Section V. Must be completed and signed by an authorized official of the payee’s financial institution.
- b. **Bank Issued ACH Direct Deposit Verification Letter** – Registrants may request a letter from the financial institution confirming their ACH account information. Document must be on bank letterhead and include bank authorization and contact information.
- c. **Bank Issued ACH Direct Deposit Authorization Form** – Individuals, Sole Proprietors and Single Member LLCs may provide an ACH Direct Deposit Authorization form that has been downloaded via their bank institution website. Please contact your financial institution for instruction and assistance.

For additional assistance, please email OMES EFT Registration at EFT.Registration@omes.ok.gov.

Thank you,

Office of Management and Enterprise Services

Exempt Payee - EFT Direct Deposit Enrollment Form

Please TYPE or PRINT clearly to ensure accurate processing. By signing this document, you certify use of the bank accounts provided for electronic payments made to the applicable payee listed in the State of Oklahoma PeopleSoft payment system.

SECTION I PAYEE INFORMATION	
Payee name _____	
Tax ID number (EIN/SSN) _____	PeopleSoft vendor ID _____
Remit address _____	
City _____	State _____ Zip _____
SECTION II EFT ENROLLMENT REQUEST TYPE	
Request type	<i>Add new EFT</i> _____ <i>*Change existing EFT Payment Instruction</i> _____
	Previous routing number _____
	Previous account number _____
*All change requests must include verification of previous EFT information on file.	
SECTION III PAYEE EFT ENROLLMENT REQUEST AND AUTHORIZATION – Wet signatures are required.	
EFT Payment Requestor	Authorized Individual** (<i>Authorized individual must be different than Requestor</i>)
Name _____	Name _____
Title _____	Title _____
Email _____	Email _____
Phone _____	Phone _____
_____	_____
EFT Requestor Wet Signature	Authorized Individual Wet Signature **Businesses only
SECTION IV BANK VERIFICATION DOCUMENT OPTIONS	
Registrations must include one of the below bank authorized ACH verification documents. Please select one of the following options:	
Bank Signed OMES EFT Direct Deposit Enrollment Form	
Bank Issued ACH Direct Deposit Verification Letter	
Bank Issued ACH Direct Deposit Authorization Form (Individuals, Sole Proprietors, and Single Member LLCs Only)	

SECTION V FINANCIAL INSTITUTION ACCOUNT VERIFICATION	
Instructions: Section should be completed by authorized bank or financial institution personnel only. Please fax completed form to Office of the State Treasurer at 405-521-4994 or return completed form to payee for submission to state agency.	
Bank/financial institution name	_____
Branch name/number	_____
Nine-digit routing number	_____
Depositor account number	_____
Depositor account name	_____
Account type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Is the payee and taxpayer identification number shown in Section I authorized for deposit on the account provided?	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Signature of Authorized Bank Official _____	
Name _____	Telephone _____
Title _____	Date _____