

# ACH DIRECT PAYMENT AUTHORIZATION

STATE BOARD OF ADMINISTRATION (SBA)

Telephone: (850) 488-4406

**ARE YOU A FIRST TIME PAYEE? IF SO, COMPLETE W-9 FORM AND RETURN IT TO ACCOUNTS PAYABLE BEFORE PAYMENT WILL BE MADE.** ON FILE  ATTACHED

PLEASE CHECK ONE:  NEW  CHANGE  CANCEL

(NEW: ACH Direct Payment begins approximately 3-4 weeks after receipt of this form in the SBA Office)

NAME OF PAYEE OR VENDOR NAME: \_\_\_\_\_

PAYEE REMITTANCE ADDRESS: **The address where your check is currently being sent to**

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

PAYEE PHONE :#( ) \_\_\_\_\_ Fax :#( ) \_\_\_\_\_ Email: \_\_\_\_\_

## **REQUIRED**

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**OR**

FEDERAL TAX IDENTIFICATION NUMBER: \_\_\_\_\_

**ACCOUNT INFORMATION:** (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only)  Checking Account  Savings Account

Your Financial Institution's Routing Number \_\_\_\_\_

Your Account Number: \_\_\_\_\_  
**(Important: Attach a voided check or letter from your financial institution, signed, dated and notarized by bank representative to verify account and ABA routing numbers)**

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**AUTHORIZATION:** (check appropriate line)

I hereby authorize State Board of Administration to provide for direct payment of any invoice or reimbursement due to me into; the above designated account. I accept the terms and conditions for ACH direct deposit on the reverse side of this form.

If at any time the amount of payment so deposited exceeds the amount of payment actually due and payable to me, I hereby authorize the State Board of Administration at its discretion to either withhold a sum equal to the overpayment from future payments or recover such overpayment from the above-designated account.

If any action taken by me results in non-acceptance of a direct payment by the designated financial institution, I understand that the State Board of Administration assumes no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to the State Board of Administration by the financial institution.

I hereby cancel my ACH Direct Payment authorization.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of a supervisor or higher**

Printed Name: \_\_\_\_\_

**For SBA's USE ONLY:**

**Budget Authority Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Instructions

ACH DIRECT PAYMENT AUTHORIZATION  
STATE BOARD OF ADMINISTRATION

**Please Remit to:** State Board of Administration - Financial Operations (Accounts Payable)  
1801 Hermitage Blvd, Suite 100 Tallahassee, FL 32308

1. If a first time payee, complete and submit a W-9 form before payment will be made. The form may be downloaded from Internal Revenue Service website. You can copy and paste the web address directly into your web browser <http://www.irs.gov/pub/irs-pdf/fw9.pdf> *The Federal Tax Id or Social Security Number that is submitted must match what is on file with the IRS.*

If you currently do not have ACH Direct Payment, check the box, "NEW". Payee and/or vendors with pre-existing authorizations who want to change their bank account number should check the box "CHANGE". There is a delay of 45 calendar days before new or changed information goes into effect. You may receive a check for that invoice or reimbursement when changes are made to an ACH Direct Payment.

3. The SBA will make every effort to contact you, if, for administrative purposes, it becomes necessary for the SBA to issue a check instead of an electronic transfer.
4. Enter the Payee's full name, address (**The address where your check is currently being sent to**), phone number and Social Security Number or Federal Tax ID.  
Payment will be sent electronically only if payee name on form matches the payee name on file with the SBA.
5. Indicate whether your account is a checking account or a savings account.
6. **Important: Attach a voided check or letter from your financial institution signed, dated and notarized by a bank representative verifying checking/savings account and ABA routing numbers.**
7. Fill in your bank account number.
8. Provide the name of your bank or credit union, the address of the branch where your account is located, and your bank's customer service phone number.
9. In the authorization section, please check the box authorizing the ACH Direct Payment of your invoices or reimbursements. Please read the authorization agreement. **It is very important to inform the SBA immediately if you close your account or change the name on your account.**
10. To cancel ACH Direct Payment authorization, check the appropriate cancellation option.
11. Sign (**supervisor or higher**) and date the authorization form. We cannot initiate ACH Direct Payment without your signed authorization. **We must have the original form. Facsimile copy will not be accepted.**
12. This authorization will remain in effect until withdrawn in writing with sufficient notice to SBA to allow adequate time to effect termination. The SBA will not be responsible for any loss which may arise solely by reason of error, mistake, or fraud regarding the information provided on this form.