EFT Enrollment Form



Payments issued by Oklahoma state agencies are subject to 62 O.S. § 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.

To complete enrollment, suppliers should first register via the Oklahoma Supplier Portal and create a Bank User profile to enter their ACH direct deposit bank account information. Users can apply direct deposit instructions to each payment address in their state supplier record. Registrants must also complete this EFT Enrollment Form. Both an EFT Enrollment Form and one of the allowed bank-authorized documents must be provided for each bank account registered and attached within the registrant's eSupplier account. The EFT Enrollment Form consists of five required sections.

Section 1. Supplier information.

- 1. Enter the supplier's name and taxpayer identification number (TIN) matching the registration in PeopleSoft eSupplier. The TIN is either the individual's or sole proprietor's Social Security number (SSN) or the business's employer identification number (EIN) as registered with the IRS.
- 2. Enter the remittance address(es) that should be updated with the EFT information provided. These addresses must already be active in eSupplier. New addresses cannot be added as part of an EFT change request.

Section 2. EFT Enrollment request type.

- 1. Select either Add new EFT or Change Existing EFT Payment Instruction.
- 2. To prevent fraudulent bank changes, all requests require verification of bank account and routing numbers currently on file prior to update.

Section 3. Supplier EFT Enrollment request and authorization.

- **1.** 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.
- 2. All other business classifications must include information and signatures for both a Requestor and an 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 4. Bank verification document options.

- 1. Registrations must include a bank verification documentation that verifies the following information:
 - a. Account number.
 - **b.** ACH routing number.
 - **c.** Account holder name.
 - **d.** Supplier name and TIN shown in Section 1 are authorized for deposit on the account.
- 2. You must attach one of the following documents via the online registration within the Payment Profile section:
 - a. OMES EFT Direct Deposit Enrollment Form (signed by bank) You can provide the EFT Enrollment Form to the financial institution. Section V must be completed and signed by an authorized bank official.
 - b. ACH Direct Deposit Verification Letter (issued by bank) Registrants can request a letter from the financial institution confirming their ACH account information. Documents must be on bank letterhead and include bank authorization and contact information.
 - c. ACH Direct Deposit Authorization Form (issued by bank) Individuals, sole proprietors and single-member LLCs can provide an ACH Direct Deposit Authorization form obtained from their bank institution website.

EFT ENROLLMENT FORM

Complete this form electronically; otherwise, you must print clearly. By signing this document, you certify use of the bank accounts provided for electronic payments made to the applicable supplier listed in the State of Oklahoma PeopleSoft system.

Section 1 – SUPPLIER INFORMATION			
Supplier name			
Tax ID (EIN/SSN)		PeopleSoft vendor ID	
Remit address			
SECTION 2 – EFT ENROLLMENT REQUEST TYPE			
Add new EFT.			
Change existing. (Must include verification of previous EFT information on file.)			
Previous routing number: Previous account number:			
SECTION 3 – SUPPLIER EFT ENROLLMENT REQUEST AND AUTHORIZATION			
EFT payment requestor			
Name		Email	
Title		Phone	
Authorized individual (must be different from requestor) Name		Email	
Title		Phone	
EFT requestor signature (wet signature required) Authorized individu		vidual signature (w	et signature required)
SECTION 4 – BANK VERIFICATION DOCUMENT OPTIONS			
Registrations must include one of the below bank-authorized ACH verification documents. Please select one of the following options:			
OMES EFT Direct Deposit Enrollment Form (signed by bank).			
ACH Direct Deposit Verification Letter (issued by bank).			
ACH Direct Deposit Authorization Form (individuals, sole proprietors, and single-member LLCs only).			
SECTION 5 – FINANCIAL INSTITUTION ACCOUNT VERIFICATION			
Section 5 should be completed by authorized bank or financial institution personnel only. Please return completed form to supplier for secure upload to their State of Oklahoma eSupplier registration account.			
Bank/financial institution name			
Branch name	Branch number		Nine-digit routing number
Depositor account name	Depositor accou	nt number	
·			
Account type Is the taxpayer ID number in Section 1 authorized for deposit on the account provided? Checking Savings Yes No			
Authorized bank official			
Signature		Date	
Name		Emoil	
Name		Email	
Title		Phone	