

**South Carolina Department of Social Services**  
**AUTHORIZATION AGREEMENT AND ENROLLMENT FORM**  
**FOR ELECTRONIC VENDOR PAYMENT AND REMITTANCE ADVICE**

By signing this form, I authorize the State of South Carolina (hereinafter "the State") to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. All electronic payment authorizations/changes require a 10-day prenote process. During the prenote process all payments will default to a check. I understand that payments and reimbursements **may** be made by the State, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the State to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the SC Dept. Social Services in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new SOUTH CAROLINA DEPT. SOCIAL SERVICES OFFICE AUTHORIZATION AGREEMENT AND ENROLLMENT FORM**. Failure to notify the SC Dept. Social Services Office of an account change will delay payment.

**Return completed form to the following address:**

South Carolina Department of Social Services  
 Attention: Financial Services – ePay  
 P.O. Box 1520  
 Columbia, SC 29202-1520

**Instructions:**

1. Vendor/payee must complete Sections 1 and 2.
2. Submit a voided check if using a Checking Account.
3. If not using a Checking Account, your Financial Institution must complete Section 3 below.
4. Mail the original completed form and voided check to the SC DSS office at the address indicated to the left.

I Receive Payments From:  CACFP  Foster Care/Adoptive  ABC Voucher  SFSP  Other: \_\_\_\_\_

**Section 1 – Vendor Identification Number (VIN) (TO BE COMPLETED BY THE PAYEE)**

Employer Identification Number (EIN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																					OR	Social Security Number (SSN) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																				
For Businesses: Enter the EIN as reported to the South Carolina Comptroller General's Office on <b>Form W-9</b> .		For Individuals: Enter the SSN as reported to the South Carolina Comptroller General's Office on <b>Form W-9</b> .																																								

**Section 2 – Vendor/Payee Information (TO BE COMPLETED BY THE PAYEE)**

<b>Please Print or Type</b>	Name of Payee as Shown on the Bank Account:	Contact Person Name:																				
	Business name, If Different From Above:	Contact Signature:																				
	Address (Number and Street and Apt. No. or P.O. Box No. and Suite No.):	Contact Telephone No. (Include Area Code):																				
	City, State and ZIP Code:	Date:																				
	Depositor Account Number (Up to Seventeen (17) Positions): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																					
TRANSIT CODE:	22 – Checking Account    32 – Savings Account																					

**Section 3 – Financial Institution Information (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)**

(Only complete if you cannot provide a voided check.)

Financial Institution Name and Address:	Bank ABA Number (Nine Positions): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
	Account Title:										
<b>Financial Institution Certification</b> I confirm the identity of the above named Vendor/Payee and the account number and title. As representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit electronic credit entries from the State.											
Print or Type Representative's Name:	Signature of Representative:	Telephone No. (Include Area Code):	Date:								