

# ARIZONA

DEPARTMENT OF ADMINISTRATION  
GENERAL ACCOUNTING

## STATE OF ARIZONA ACH AUTHORIZATION FORM

Original form is preferred. Please contact Vendor.PayAutomation@azdoa.gov if you have questions about the form or setup process.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES. SUBMIT COMPLETED FORM TO:  
DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE**

**ATTN: VENDOR SETUP  
100 N 15TH AVE, STE 302  
PHOENIX, AZ 85007**

Check if DES/DDD Provider

1  
2  
3  
4  
5  
6  
7

<b>Request Type</b> (Select only ONE) New      Change      Cancellation, Cancellation Reason: <input type="text"/>			
<b>Taxpayer Identification Number (TIN)</b> EIN      - <b>OR</b> SSN      -      -			
<b>Legal Name, Address and Contact Information</b>			
Name		Phone	Ext
Address		City	State      Zip Code
Email Address			
<b>Change Information - FOR CHANGE REQUEST ONLY</b>			
Changing: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Account Type <input type="checkbox"/> Account Number <input type="checkbox"/> Authorized Signers			
Previous Financial Institution: <input type="text"/>		Previous Account Type:      Checking      Savings	Previous Account Number: <input type="text"/>
<b>AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION</b> Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. <b>I recognize that if I fail to provide complete and accurate information</b> on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account. <b>I authorize the State to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.</b> If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request. I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize the State to stop making electronic transfers to my account without advance notice. I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.			
Name	Authorized Signature (Required)	Title	Date
<b>Additional Authorized Signers</b>			
Name	Authorized Signature	Title	Date
Name	Authorized Signature	Title	Date
Addendum record format <input type="radio"/> CTX <input type="radio"/> CCD+ <b>Detailed ACH payment can also be viewed online at <a href="http://venpay.gao.azdoa.gov">http://venpay.gao.azdoa.gov</a>.</b>			
<b>Financial Institution</b>			
Financial Institution Name		Phone	Ext
Address (Optional)		City	State      Zip Code
Routing Number	Account Number	Account Type	Checking      Savings
<b>GAO USE ONLY</b>			
Verified and Entered By And Date		Vendor #	Address ID
Entity Contact Verified By		Doc Number Entered	Approved By

# STATE OF ARIZONA ACH AUTHORIZATION FORM INSTRUCTIONS

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL BE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES.  
SUBMIT COMPLETED FORM TO THE GENERAL ACCOUNTING OFFICE FOR REVIEW AND SETUP.**

**SUBMIT COMPLETED FORM TO:**

DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE  
ATTN: VENDOR SETUP  
100 N 15<sup>TH</sup> AVE, STE 302 PHOENIX, AZ 85007

For **AHCCCS Medicaid Providers only** use the following link to self-register EFT/ACH information:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html>

<b>Part 1 - Request Type:</b> Select one.
<b>Part 2 - Taxpayer Identification Number (TIN):</b> Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 3.
<b>Part 3 - Legal Name, Address, and Contact Information:</b> Complete all information.
<b>Part 4 - Change Information (Change Request Only):</b> Check all boxes that correspond to the account information being changed.
<b>Part 5 - Authorization:</b> List at least one authorized signer and up to two additional authorized signers. Only an authorized signer is able to authorize new setup and changes.
<b>Part 6 - Financial Information:</b> Complete all information. Address is optional.
<b>Part 7 - General Accounting Office Use Only:</b> Do not complete.