



***** INSTRUCTIONS TO PAYEE/VENDOR *****

1. The Electronic Funds Transfer Enrollment Form and Agreement allows Sac and Fox Nation Finance Department to deposit payments directly into the financial account of a vendor via the Automatic Clearing House (ACH).
2. Complete the form in its entirety. **ONLY ONE BANK ACCOUNT CAN BE ADDED PER VENDOR**
3. Attach a voided check, direct deposit form or letter from your financial institution listing your name and the corresponding bank information provided on the form. **The payment recipient must be listed as an account holder.**
4. Sign and date where indicated and forward the completed information for processing. Send the completed form to:

Email: finance@sacandfoxnation-nsn.gov

OR mail to:

Attn: Finance Department
Sac and Fox Nation
920963 S Highway 99, Bldg A
Stroud, OK 74079

5. All accounts will be pre-noted (tested) to ensure the information provided is valid. During this pre-note, payees/vendors will continue to receive negotiable checks in the mail.
6. Incorrectly completed forms may cause significant delays in establishing direct deposit payments.

***** TERMS AND CONDITIONS *****

1. Payee/Vendor agrees to accept payment from Sac and Fox Nation through electronic funds transfer (EFT) and that Sac and Fox Nation can rely on the information provided on the front of this form.
2. Payments to you will be deposited into the account designated on the front of this EFT Enrollment Form and Agreement until Sac and Fox Nation is notified in writing that you wish to cancel this authorization or designate a different financial institution or account. A minimum of ten banking days will be needed to execute your instructions.
3. Sac and Fox Nation has the right to adjust future payments if payments previously made are found to be duplicates, in excess of requirements, fraudulent, in error, or require any other adjustment under the terms of an agreement with you. This may be accomplished by using an ACH debit.
4. Sac and Fox Nation will not be responsible for any loss arising solely from error, mistake, or fraud regarding information on your EFT Enrollment Form and Agreement.



ACCOUNTS PAYABLE

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM AND AGREEMENT

Please Print or Type All Information

Company/Payee Name: _____

Address: _____

City/State/Zip: _____
City State Zip

Company/Payee Contact _____

Person: _____ **Phone:** _____

Company/Payee Contact E-mail: _____

Financial Institution Name: _____

Financial Institution Phone: _____

Routing Number: _____ (9 digits)

Depositor Account No.: _____ **Type:** Checking Savings

I hereby authorize Sac and Fox Nation to electronically deposit payments via Automated Clearing House (ACH) to the account listed above under the terms and conditions of this Electronic Funds Transfer Enrollment Form and Agreement. I certify that I am authorized to enter into this agreement on behalf of the account holder. I verify that the information provided on this form is correct.

Authorized Signature: _____ **Date:** _____

Title: _____

For Internal Use Only		
	Initials	Date
Vendor ID _____	_____	_____
Banks/Counterparts _____	_____	_____
Vendor Account _____	_____	_____
Vendor File Updated _____	_____	_____
Finance Approval _____	_____	_____

**** Carefully review the attached Terms and Conditions ****



ATTACH VOIDED CHECK HERE

VOIDED CHECK HERE

If you do not have a voided check, or choose not to provide one, replace this page with a letter or appropriate direct deposit form from your financial institution with your name and the corresponding account information provided on the enrollment form.