NC Office of the State Controller

See instructions for return information.

Telephone: 919-707-0795
www.osc.nc.gov | ncfsepay@osc.nc.gov

Supplier Electronic Payment Request

☐ New Add Request
☐ Change/Update Existing Account
☐ Inactivate Existing Account

***Denotes a required field**

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

***TAX ID # or SSN**

***PAYEE NAME**

***REMITTANCE ADDRESS**
(AS PRINTED ON YOUR INVOICE)

STREET | SUITE/ROOM #

CITY | STATE | ZIP CODE

***CONTACT**

NAME & TITLE | PHONE NUMBER

NEW FINANCIAL INFORMATION

***FINANCIAL INSTITUTION NAME:**	
***NAME ON ACCOUNT:**	
***NEW ROUTING NUMBER:**	
***NEW ACCOUNT NUMBER:**	
***ACCT TYPE:**	☐ Checking ☐ Savings
***REMIT E-MAIL ADDRESS**	

New add requests MUST include contact information for the state agency with which you are doing business.

***North Carolina Agency Name:** North Carolina Arts Council	***North Carolina Agency Contact Name:** Tanya McGuire
***North Carolina Agency Contact Email Address:** tanya.mcguire@dncr.nc.gov	***North Carolina Agency Contact Phone Number:** 919-814-6514

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	☐ Checking ☐ Savings
REMIT E-MAIL ADDRESS	

*	**ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**
☐	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
☐	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the supplier cancel it in writing or the authority is terminated by the NC Office of the State Controller.
☐	I have attached a copy of a **current** voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.

***PRINT NAME:**	***DATE:**
***SIGNATURE:**	***PHONE NUMBER:**

Instructions *** Denotes a required field on the form**

1. *Check the appropriate box at the top of the form:

   - New Add Request – Supplier would like to begin receiving payments via ACH.
   - Change/Update Existing Account – Supplier's account number, routing number, or remittance email address has changed.
   - Inactivate Existing Account – Supplier no longer wants to receive payments via ACH.

2. *Enter the supplier's Tax Identification Number or Social Security Number.

3. *Enter the Payee Name – The name of the person or business receiving payment.

4. *Enter the supplier's remittance address. The remittance address is the address printed on your invoice where payments should be sent.

5. *Enter the supplier's contact name, title, and phone number.

6. *Enter the supplier's financial information:

   - Financial Institution Name – Name of the financial institution.
   - Name on Account – The account owner's name.
   - Routing Number – Nine-digit number identifying the financial institution.
   - Account Number – The bank account number where the funds should be deposited.
   - Account Type – Is this a checking or savings account? Check the appropriate box.
   - Remit E-mail address - Enter the email address to which the remittance advices should be sent.

7. *For a **new add request only**, provide the following:

   - North Carolina Agency Name – The state agency the supplier is doing business with.
   - North Carolina Agency Contact Name – The supplier's contact person name at the state agency.
   - North Carolina Agency Contact Email Address – The contact person's email address at the state agency.
   - North Carolina Agency Contact Phone Number – The contact person's phone number at the state agency.

   NOTE: New add requests MUST include contact information for the state agency with which you are doing business.

8. Prior Financial Information – this is required if the supplier's bank account, routing number, or remittance email address has changed.

   - Financial Institution Name – Name of the prior financial institution.
   - Name on Account – The account owner's name.
   - Routing Number – Nine-digit number identifying the prior financial institution.
   - Account Number – The bank account number where the funds were being deposited.
   - Account Type – Is this a checking or savings account? Check the appropriate box.
   - Remit E-mail address - Enter the email address to which the remittance advices were being sent.

9. *Review all the information in the 3 attestation boxes located above the signature area. All 3 boxes must be checked – **otherwise the request will not be processed.**

10. *Print Name – Print the name of the authorized signee on the form.
    *Date – Date of signature.
    *Signature – The authorized signee's signature.
    *Phone Number – The authorized signee's phone number.

Return to:

OSC - NCFS Support | 1410 Mail Service Center | Raleigh, NC 27699-1410

OR FAX - 919.875.3804

Please allow up to 30 days for processing