COMPANY eVENDOR AGREEMENT SETUP FORM INSTRUCTIONS

The following fields need to be completed on the form:

1. Vendor Name
2. FEIN/SSN
3. wvOasis Vendor # - Optional
4. Payment Address: List all payment addresses to be set up for EFT and sent to the account indicated on the form. If you have multiple payment addresses and want each address to be sent to a different account, you will need to complete a separate form.
5. Contact Name & Phone Number
6. Financial Institution Name
7. Routing & Account Number - Please indicate if the account is Checking or Savings.
8. Include a voided check (Counter Checks are not acceptable.) or a letter from the financial institution (on Financial Institution letterhead) listing the account information, printed name, and signature of financial institution representative, title and contact information.
9. IAT Question must be completed. Please select Yes or No.
10. Email address will be necessary for notification of payment.
11. Select the method to receive your remittance information. If none is selected it will automatically default to the remittance advice email.
12. Authorized Signature and Date.
13. Print name and Title of Signatory.

Once the form has been completed, please mail or fax along with the account documentation to:

West Virginia State Auditor's Office
ePayments Division
State Capitol, Bldg. 1, Room W-100
1900 Kanawha Blvd. E.
Charleston, WV 25305
Fax: (304) 340-5084

For any questions regarding this form, please contact the ePayments Division at 1-800-500-4079.

wvOASIS Company eVendor Agreement Setup

West Virginia State Auditor's Office, ePayments Division
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

VENDOR NAME: _____

FEIN/SSN: _____

wvOASIS
VENDOR #: _____

PAYMENT ADDRESS 1: _____

PAYMENT ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: _____

ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME: _____

ROUTING #: _____

ACCOUNT #: _____

☐ Checking - Attach a voided check

☐ Savings

IN ORDER TO PROCESS THIS AGREEMENT ONE OF THE FOLLOWING IS REQUIRED

☐ VOIDED CHECK (COUNTER CHECKS ARE NOT ACCEPTABLE)

☐ A LETTER FROM THE FINANCIAL INSTITUTION (ON FI LETTERHEAD) LISTING THE ACCOUNT INFORMATION, PRINTED NAME AND SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE, TITLE AND CONTACT INFORMATION.

IAT - INTERNATIONAL ACH TRANSACTION - ONE BOX MUST BE CHECKED

ARE FUNDS RECEIVED BEING DEPOSITED IN A U.S. FINANCIAL INSTITUTION AND THE AMOUNT SUBSEQUENTLY FORWARDED TO A FINANCIAL INSTITUTION IN A FOREIGN COUNTRY? ☐ YES ☐ NO

WVOASIS Company eVendor Agreement Setup

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PAYMENT NOTIFICATION & REMITTANCE INFORMATION

EMAIL ADDRESS: _____

PLEASE SELECT THE METHOD YOU WISH TO RECEIVE YOUR REMITTANCE INFORMATION:

☐ REMITTANCE ADVICE VIA EMAIL

☐ CTX FORMAT (ANSI ASC X12 820 VERSION 4010)

AUTHORIZATION

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution as indicated, hereinafter called Depository, and to credit the same to such account. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____

DATE: _____

PRINT NAME: _____ TITLE: _____