

## **Instructions for SAS 63 Form**

(Authorization for Electronic Deposits of Vendor Payments)

1. Complete the vendor information section.
2. In order add or update banking information on your vendor record complete **Section A**. If you need to cancel or remove electronic deposit authorization complete **Section B**.
3. Fax or email the completed form to our Customer Resource Center (CRC) at (502)564-5319 or [finance.crcgroup@ky.gov](mailto:finance.crcgroup@ky.gov). Please encrypt emails using #RMSEncrypt in the subject line of your email.

NOTE: Email notification of payments will be sent to the email address listed on the form.

Contact the Customer Resource Center (CRC) with further questions:

**Help Desk:** (502) 564-9641

**Email:** [finance.crcgroup@ky.gov](mailto:finance.crcgroup@ky.gov)

**Fax:** (502) 564-5319

**Toll Free:** 877-973-4357

### AUTHORIZATION FOR ELECTRONIC DEPOSIT OF VENDOR PAYMENT

1. Enter the following vendor information:

Vendor Information		
Taxpayer ID Number(EIN/SSN):	_____	
Vendor Number:	_____	
Legal Name:	_____	
Street:	_____	
City:	State: _____	Zip Code: _____
Payment Contact:	_____	
Phone:	_____	Email: _____

2. Complete Section A for new enrollments or for financial institution or account changes. NOTE: For new enrollments, this form is not required if the vendor has been previously enrolled by another state agency under the same account
3. Complete Section B to cancel the electronic deposit authorization.

**Section A: Enrollment or Change Authorization**

Select One:             New Enrollment             Financial Institution or Account Change

Financial Institution Information		
Bank Name:	_____	
Branch:	_____	
City:	State: _____	Zip Code: _____
Transit/ABA#:	_____	
Account #:	_____	
Account Type (select one):	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky received written notice or cancellation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name Printed: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Section B: Cancellation**

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. This cancellation is effective as soon as the Commonwealth of Kentucky has reasonable opportunity to act upon it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name Printed: \_\_\_\_\_ Job Title: \_\_\_\_\_