

Vendor Management Bank Account Form Instructions

The Vendor Management Group (VMG) has redesigned the Vendor Management Bank Account form to simplify the ACH conversion process for vendors in the PeopleSoft Financial system. This form should be used for the addition or change of bank account information to a vendor's master file. Information can be typed into this form, saved and emailed to necessary parties. Always change the filename and save the form to your hard drive before making changes.

SECTION 1

Vendor Number -Vendor number assigned by the PeopleSoft Financial system.
FEI/SSN /Employee ID Number (EE) -All companies (corporations, partnerships, LLC's) have an IRS issued Federal Employer Identification (FEI) number or a Taxpayer Identification Number (TIN). All individuals must list their Social Security Number (SSN). FEI and SSN are nine digit numbers. Employee ID Number (EE) should be used by State of Georgia Employees—agencies can obtain this information from Human Capital Management System. This is an eight digit number.
Vendor Name -List the entire name of the business or individual that corresponds to the applicable FEI or SSN.

BANK ACCOUNT INFORMATION This section is required to add or change bank account information to a new or existing vendor in the PeopleSoft Financial system. Attaching a copy of a voided check to the vendor management form is strongly encouraged and eliminates possible errors that could delay the vendor payment.

General Bank Account -This is a default bank account that the vendor has provided. If this general bank account can be used by any State of Georgia agency to process payments, please check the box located under the "General Bank Acct #" on the Vendor Management Bank Account form.
Specific Purpose Account -This is a special bank account that the vendor has provided that can only accept specific types of payment or may be applicable to certain State of Georgia agencies. List the specific use for this bank account in "Section 3 - Additional Comments" on the Vendor Management Bank Account form. (e.g. Agency grant payments)
Routing Number -This number is found at the bottom of the check (not the deposit slip) and uniquely identifies the banking institution. This is a nine-digit number.

SECTION 2

Bank Account Add/Change/Delete -Please indicate which action you wish to perform.
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SECTION 3

Include any additional comments in this section.
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SECTION 4

Complete all parts of this section to ensure VMG has complete contact information if questions arise.

Questions?

Vendors—direct all inquires to the state agency conducting business with the vendor.

State Agencies—direct all inquires to the Vendor Management Group at psvendor@sao.ga.gov or 404-657-3956, option #4.



VENDOR MANAGEMENT BANK ACCOUNT FORM (PeopleSoft Financial System)

This consolidated form should be used for all vendor requests which impact a bank account within PeopleSoft. All applicable parts of the form must be completed by the vendor and sent to the initiating agency for approval. The initiating Agency will submit this form to the Vendor Management Group for verification and approval.

SECTION 1 – VENDOR IDENTIFICATION (COMPLETE APPLICABLE FIELDS)

VENDOR NUMBER: _____ FEI/SSN/EE ID NUMBER: _____
(If not known-Agency complete)

VENDOR NAME: _____ EMAIL: _____

BANK ACCOUNT INFORMATION (ATTACH A COPY OF VOIDED CHECK)

GENERAL BANK ACCT #: _____ ROUTING #: _____

Check here if general bank account can be used by all State of Georgia agencies making payments

SPECIFIC PURPOSE ACCT #: _____ ROUTING #: _____

(Indicate in Section 3 the specific purpose for which this account can be used)

I authorize the State of Georgia to deposit payment for goods or services received into the provided bank account by the Automated Clearing House (ACH). I also authorize the State of Georgia to adjust any over/under payment for the above listed account. I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named above. I understand it is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. I further confirm that debit block has been disabled to ensure receipt of payment. Non-adherence to this procedure will be treated as an exception and reviewed by SAO.

(Vendor Printed Name) (Vendor Signature) (Date)

SECTION 2- SPECIFY TYPE OF ACTION FOR BANK ACCOUNT (FOR AGENCY USE ONLY)

Add Change Delete

SECTION 3 – ADDITIONAL COMMENTS

SECTION 4 – AGENCY CONTACT INFORMATION (Please Print)

Agency Requestor: _____ Agency BU#: _____ Date: _____

Email: _____ Phone: _____ Fax #: _____