

NC Education Lottery

Return to: Accounts Payable
Address: 2728 Capital Blvd, Suite 144
Raleigh, NC 27604-2255



Vendor Electronic Payment Form

Telephone: 919-301-3440

Fax: 919-715-0342

- New Request Payroll
 Change Existing e-Pay Account Reimbursements

For your convenience and benefit, the North Carolina Education Lottery ("NCEL") offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print, complete this form, attach a voided check and return both to the address above.

• **PRINT the following information.**

Payee Name:			
Federal ID # / Social Security # (must provide a W-9):			
Contact Phone #: ()	Cell #: ()		
Bank Name:	Bank Routing Number:		
<input type="checkbox"/> Checking Account #:	<input type="checkbox"/> Savings Account #:		
Remit to Address(es):			
E-MAIL ADDRESS for payment notification:			
Authorized Signature:			Date: _____
Print Name:			Title: _____

ATTACH VOIDED CHECK

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:	
<input type="checkbox"/> I affirm that, regarding electronic payments the NCEL may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.	
<input type="checkbox"/> I affirm that, regarding electronic payments the NCEL may remit to the financial institution for credit to the account that I have designated, the entire payment amount is subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures. I also understand that the remitting agency may elect to remit future payments to me via paper check instead of electronically.	
I authorize the NCEL to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.	
I also acknowledge and certify that the information I provided on this form is accurate and correct, and shall indemnify and release the NCEL from any liabilities and/or claims for its reliance and/or action based on such information.	
SIGNATURE:	DATE:

FINANCE USE ONLY

Forms Received: Payment: _____ Date Entered: _____ Entered by (Emp. Initials): _____
W-9: _____ Date Entered: _____ Entered by (Emp. Initials): _____