



STATE OF NORTH DAKOTA  
**OFFICE OF STATE TREASURER**  
Kelly L. Schmidt, State Treasurer

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Tribal and State Relations Committee  
September 26, 2011  
Carlee McLeod, Deputy State Treasurer

Chairman O'Connell:

For the record, I am Carlee McLeod, Deputy State Treasurer.

The Office of State Treasurer is seeking ways to connect outstanding payments with their rightful owners. I come before you today to address the number of outstanding checks issued to tribal entities.

In reviewing the current outstanding check files, we recognized that many checks, totaling roughly \$250,000, to tribal entities remain unclaimed. Prior to my testimony, I provided Commissioner Davis with lists of outstanding checks for each tribal entity. It is our hope that each Chairman will give this information to the proper contact within each tribal entity, and we can work with them to get the money into the proper accounts.

The solution for delaying receipt of funds in the future is simple: if we can get tribal entities to complete ACH forms, we can set them up for electronic payments, and future payments will be made directly to the designated accounts. Instructions for setting up ACH payments are attached to this testimony. Payments made from the Office of State Treasurer have been made electronically for quite some time, and the electronic process has worked well. However, to make electronic payments a standard default for all state agency payments, we need each entity to complete the ACH authorization and submit it to Vendor Registry.

Thank you for your time and attention.

## To set up ACH

Contact: Beverly Haman Vendor Registry Phone Number 701-328-2741  
e-mail bhaman@nd.gov

Per Beverly Haman If the vendor wishes to have an ACH deposited into a Bank Account go to <http://www.nd.gov/eforms/Doc/sfn51620.pdf>. Fill out paperwork.

Vendor registry will default the payment as ACH. If the agency making payment selects check form a paper check will be printed.

Notify the agency making payment that an ACH should be used.



**ACH (Direct Deposit) AUTHORIZATION**  
OFFICE OF MANAGEMENT AND BUDGET  
CENTRAL SERVICES - VENDOR REGISTRY  
SFN 51620 (3-2011)

**VENDOR REGISTRY USE ONLY**

Date	Initials
Vendor Number	

**COMPLETE, SIGN AND FAX OR MAIL**

Privacy Act Notice - In compliance with the Federal Privacy Act of 1974, the disclosure of the applicant's social security number on this form is mandatory according to section 1609 of the Internal Revenue Code if it is provided in lieu of a Federal Employer Identification Number (FEIN). When submitted, the social security number will be used for identification purposes **only** and will not be disclosed to the public.

<b>*Legal Name</b> (As registered with IRS or SSA) Individual or Sole Proprietorship, enter your Last Name, First Name, and Middle Initial	
Trade Name - If Doing Business As (D.B.A.) or business name of Sole Proprietorship	
<b>*Taxpayer Identification Number (TIN) - Provide Only One</b> If you are an Individual or Sole Proprietor, please enter your Social Security Number (SSN). If you are a partnership or corporation, please enter your Federal Employer Identification Number (FEIN or EIN). This number must belong to the Legal Name listed above. See instructions on next page for sole proprietorships.	
Federal Employer Identification Number	Or Social Security Number
<b>*Tax Classification - Check Only One</b>	
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Government Entity	<b>Corporation:</b> <input type="checkbox"/> Corporation (not providing Medical or Legal Services) <input type="checkbox"/> Corporation that provides Legal Services <input type="checkbox"/> Corporation that provides Medical Services
<b>Limited Liability Company Taxed As:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership	
<b>Non-Profit:</b> <input type="checkbox"/> Incorporated Non-Profit <input type="checkbox"/> Unincorporated Non-Profit Is your non-profit organization federally exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes - Attach a copy of your IRS tax-exempt determination letter. For information on obtaining this letter from the IRS, see the instructions section on the following page.	

**\*Primary Address** - Address where correspondence, payment(s), purchase order(s), or 1099(s) should be sent.

Street Address	PO Box (if applicable)	City	State	ZIP Code
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**\*Remittance Address** - Address where payment(s), if different from primary address, should be sent. If you have additional addresses to add, please attach addresses on a separate piece of paper.

Street Address	PO Box (if applicable)	City	State	ZIP Code
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**\*Contact Information** - Person who could direct questions pertaining to payment, purchase order, or 1099 information.

Contact Name(if different than Legal Name)	Telephone Number
Fax Number	Business E-mail

**Payment Method**

I will accept the following types of payments:		If you check ACH or ALL, please provide direct deposit account information AND a VOIDED check OR savings withdrawal slip.
<input type="checkbox"/> Check	<input type="checkbox"/> Mastercard <input type="checkbox"/> Direct Deposit (ACH) <input type="checkbox"/> All	

**ACH (Direct Deposit) Account Information**

Type of Payments Direct Deposited	
<input type="checkbox"/> All Payments <input type="checkbox"/> Only Payments from the following state agencies:	
Financial Institution Name	Type of Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
Account Number	Bank Routing Number (exactly 9 digits)
Does the above information replace account information previously supplied to the State of North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide the information on the account being replaced below.	
Financial Institution Name	Type of Account <input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings
Account Number	Bank Routing Number (exactly 9 digits)

(continued on next page)

**\*Affidavit**

By completing, signing, and filing this form, the payee applicant: (1) certifies that the information given above is current and true to the best of their knowledge and is in no way misleading; (2) ensures that the correct information will be immediately forwarded to the Vendor Registry should any data change in the future; (3) authorizes all payments to be automatically deposited into the financial institutions listed herein.

**\*IRS Form W-9 Certification**

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**\* Signature**

Signature of Authorizing Vendor		Date
Printed Name	Title	

**ACH Change Authorization Instructions**

The following instructions are to assist in the completion of this form. Asterisked (\*) sections are mandatory and require completion. Mandatory sections or items not completed will result in the form being returned for completion.

**Purpose of Form** - This form is to be used by payees who wish to receive payments through ACH or direct deposit.

**\*Legal Name:**

Individuals: Fill in the name as shown on your income tax return.

Businesses: Fill in the name as shown on your business IRS filing.

**Trade Name:**

Individuals: Leave blank

Businesses: If your firm operates under another name state it here.

**\*Taxpayer Identification Number**

Individuals: Enter the social security number (SSN) that matches the legal name.

Businesses: Enter the Federal Employer Identification Number (FEIN) that matches the legal name.

Sole Proprietor: Enter the Social Security Number (SSN) or Federal Employer Identification Number (FEIN) that matches the legal name.

**Tax Classification**

Check the IRS tax classification box that matches the legal name entered on this form. For Non-profit organizations claiming the federal tax exempt status under IRS Code section 501, you must provide a copy of the IRS tax-exempt determination letter. To obtain a copy of your organization's letter, contact the IRS Tax Exempt and Government Entities Customer Account Services at (877) 829-5500. An affirmation letter will be prepared for you during your phone call. The affirmation letter serves the same purpose as the original determination letter. You can expect to receive the letter from the IRS within 10-14 days from the completion of your phone call. For more information, visit the IRS website at <http://www.irs.gov>.

**Primary Address**

Individuals: Enter your primary residence address.

Businesses: Enter your headquarters address.

**Remittance Address** - Enter the address where you would like payments or notice of payments sent if that address is different from the Primary Address.

**Contact Information**

Individuals: Leave blank unless you would like to designate an alternate person to contact in the event we have questions regarding the information provided on this form.

Businesses: Enter the contact person for information provided on this form.

**Payment Method** - Please indicate the type of payments you will accept: check, Mastercard and/or ACH (direct deposit). If this section is not completed, all payments will be made by check. If you check ACH or All, please attach a voided check or savings withdrawal slip.

**ACH (Direct Deposit) Account Information**

You must provide a voided check or savings withdrawal slip that matches the ACH information provided on this form. If you would like to authorize direct deposit the following information is mandatory:

Account Type: Please indicate the type of account.

Account Number: Enter your bank account number legibly.

Routing Number: Enter the 9-digit routing transit number.

Please indicate if you previously provided ACH information to the State of North Dakota. Providing the previous information will ensure we update the correct accounts.

**Affidavit** - Please read the affidavit thoroughly. This paragraph explains what your signature authorizes.

**IRS Form W-9 Certification** - This certification is copied from the IRS Form W-9. Check the following website for verification and further clarification: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Signature** - To establish that you are a U.S. person or resident alien and that you authorize payments to the bank account you provided on this form, your signature is required.

**Return completed form with voided check or savings withdrawal slip to:**

Vendor Registry  
600 E. Boulevard Ave. - Dept 012  
14th Floor Capitol Tower  
Bismarck, ND 58505-0310

Fax: (701) 328-0108  
Telephone: (701) 328-2683  
Email: [spovendor@nd.gov](mailto:spovendor@nd.gov)