

## Vendor Direct Deposit Enrollment Authorization Form

Company Name \_\_\_\_\_  
Company FEIN \_\_\_\_\_  
For OSUP Use:  
LaGov HCM Vendor  
No. \_\_\_\_\_

### **Remittance Address Information (needed if a check is generated)**

Mailing Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Company Phone No. \_\_\_\_\_  
Company Fax No. \_\_\_\_\_

### **FTP Employee Detail File Processing**

Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### **Bank Data for Direct Deposit**

Bank Name \_\_\_\_\_  
ACH Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Account Type \_\_\_\_\_  
(Checking 01 or Savings 02)

### **Authorized by \***

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date \_\_\_\_\_

Forward completed form to:

Office of State Uniform Payroll      - or -      Fax: (225) 219-4432  
PO Box 94095  
Baton Rouge, LA 70804-9095

Call (225) 342-0713 for questions.

\* For Statewide Vendors, this must be the Administrative Coordinator on record at OSUP.