



**State of Arizona - Department of Administration - General Accounting Office (GAO)**  
**ACH Vendor Authorization - Attn: Vendor Setup - 100 N 15th Ave, STE 302, Phoenix, AZ 85007**

*Please notify all State agencies that you do business with of any ACH requests*

**Section 1 REQUEST TYPE**  
 New     Change     Cancellation, Cancellation Reason:

**Section 2 PAYEE IDENTIFICATION**  
 Federal Employer's Identification Number (EIN) 86 - 6000444    Disclosure of your social security number is voluntary pursuant to 42 U.S.C. 405(c)(2)(C). The State of Arizona will use your SSN or EIN to file required information returns with the Internal Revenue Service.  
 OR State Employee EIN   
 OR Social Security Number (SSN)  -  -   
 Payee's Name GILA COUNTY TREASURER    Phone 928-402-8700    Ext   
 Address P.O. BOX 1093    City GLOBE    State AZ    Zip Code 85502

**Section 3 CHANGE INFORMATION-FOR CHANGE REQUEST ONLY**  
 Changing:     Financial Institution     Account Type     Account Number     Authorized Signers  
 Previous Financial Institution:     Previous Account Type:  Checking     Savings    Previous Account Number:

**Section 4 AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION**  
 Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. I **recognize that if I fail to provide complete and accurate information** on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made.  
**I authorize the State to withdraw from the designated account all amounts deposited electronically in error.** If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneous deposited amount are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request.  
 I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.  
 I authorize the State to stop making electronic transfers to my account without advance notice.  
 I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.

**Section 4**  
 Name DEBORA SAVAGE    Authorized Signature (Required) *Debora Savage*    Title GILA COUNTY TREASURER    Date 6-29-10  
**Additional Authorized Signers**  
 Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I would like to receive addendum records in the following format:     CTX     CCD     CCD+  
 Please Note: If your financial institution is unable to receive addendum information, detailed information can be obtained online at <http://venpay.gao.azdoa.gov>.

-----If State Employee, attach a cancelled check here-----

**Section 5 FINANCIAL INSTITUTION (Must be completed by a financial institution representative) -FOR NEW OR CHANGE REQUEST ONLY**  
 Financial Institution Name JP MORGAN CHASE    Phone     Ext   
 Address 201 N. CENTRAL AVE. 21ST FLOOR    City PHOENIX    State AZ    Zip Code 85004  
 Routing Transit # 122100024    Customer Account # 11804047    Account Type  Checking     Savings  
 Financial Institution Representative Name TONIQUE F SMITH    Title CLIENT SERVICES PROFESSIONAL  
 Signature (Required) *Tonique Smith*    Date 7/2/10    Phone (602) 221-2910    Ext

**GAO USE ONLY**

**Section 6**  
 Verified by and date \_\_\_\_\_ Entered by and date \_\_\_\_\_ Vendor # \_\_\_\_\_ MC \_\_\_\_\_  
 Prenote date \_\_\_\_\_ Input verified by \_\_\_\_\_ Approved by \_\_\_\_\_