State of Kansas Department of Administration Office of Accounts and Reports DA-130KU (Rev. 11-2019)

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF SUPPLIER PAYMENT

(Form must be completed by the Supplier. All fields are mandatory for completed sections.)

Part I: Supplier Information						
SMART Supplier ID (Provided by state agence	y. Do not enter SSN or TIN.)					
SMART Supplier Name	Contact					
Street						
City		State	Zip			
Telephone Number	Email					
Part II: New Enrollments All suppliers, indi	vidual and business, must include	proof of checking o	r savings account (voided check or			
bank letter). Bank Name	Supplier Na	ne as It Appears o	n Bank Account			
		Supplier Name as it Appears on Bank Account				
Bank Routing Number	Account Nu	Account Number				
Account Type (select one):	Checking Account	Savings Account				
Part III: Change in Banking Information Old Bank Name		art III for a change me as It Appears o				
	Сарриот на					
Old Bank Routing Number	Old Account	Number				
Date of Recent Payment	Amount of F	ecent Payment				
Part IV: Signature of Supplier I, the undersigned, authorize the State of Kan deposit entries directly into my checking or stransactions. I also authorize the Financial Insuntil the State of Kansas and the University of under penalty of perjury under the laws of the Signature	savings account indicated above a titution to post these transactions t f Kansas Research Center, Inc. re	and to correct any o that account. Thi ceives written noti	r errors which may occur from the s authorization is to remain in force			
Signature		Date				
Name (printed)		Job Title	•			
Part V: Agency Certification (to be com I, the undersigned, certify that I have contacted authorized to make account changes for the su	this supplier and have verified the	information is true	and correct and that the contact is			
Signature	Date	Print Na	me			
Agency Number	Agency Phone Nu	mber				
Supplier Contact Name	Supplier Contact I	Phone/Email				

Instructions and tips for filing for ACH payment with the University of Kansas

Due to recent fraud issues, the state of Kansas has implemented strict standards for how they will accept paperwork filed for ACH payment.

These instructions are meant to help interested parties in navigating the state requirements so that ACH payment can be set up as quickly and as painlessly as possible.

1. Documents you will need

All ACH filings need at least two documents: a DA 130 form and a supporting bank document.

- a. An acceptable supporting bank document is either a void check or a bank letter.
- b. The supporting bank document needs, at minimum, to have the supplier's name, bank account number and routing number.
- c. The state of Kansas has created a specific DA 130 form for the University of Kansas to file. When filing a DA 130 form please make sure that the following designation is in the upper left-hand corner:

State of Kansas Department of Administration Office of Accounts and Reports DA-130KU (Rev. 11-2019)

2. How to fill out the DA 130 form

These two boxes should be left blank for KU to fill out

SMART Supplier ID (Provided by state agence	y. Do not enter SSN or TIN.)		
SMART Supplier Name	Contact		
Street			
City	8	State	Zip
Telephone Number	Email		- %

The contact box should have the name of ther person responsible for receiving payments.

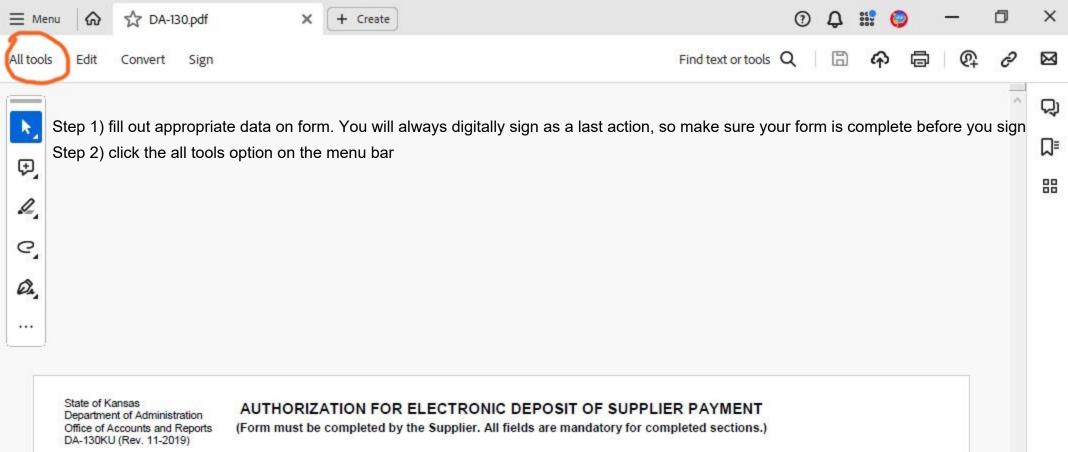
The address boxes should match the address on the supporting bank document.

The telephone and email boxes must be filled in.

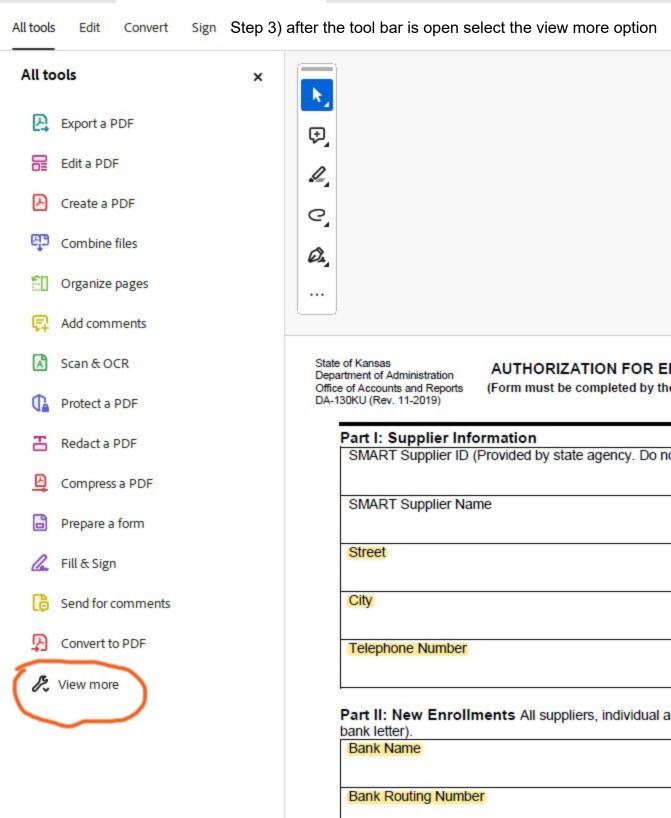
	Bank Name	Supplier Name as It Appears on Bank Account
	Bank Routing Number	Account Number
	Account Type (select one): Checking Account Type (select one):	count Savings Account
The fi	rst four boxes must be filled out according	g to their description.
Check	the account type in the fifth box.	
	Part III: Change in Banking Information Complete all field	s in Part II and Part III for a change in hanking information
	Old Bank Name	Supplier Name as It Appears on Bank Account
	Old Bank Routing Number	Old Account Number
	Date of Recent Payment	Amount of Recent Payment
•	I out Part III if the SMART system already III needs to be filled out, please fill out all	
	deposit entries directly into my checking or savings account in transactions. I also authorize the Financial Institution to post thes	rsity of Kansas Center for Research, Inc. to originate future electronic indicated above and to correct any errors which may occur from the se transactions to that account. This authorization is to remain in force in Center, Inc. receives written notice of cancellation from me. I certify
	I, the undersigned, authorize the State of Kansas and the University deposit entries directly into my checking or savings account in transactions. I also authorize the Financial Institution to post the until the State of Kansas and the University of Kansas Research	rsity of Kansas Center for Research, Inc. to originate future electronic indicated above and to correct any errors which may occur from the se transactions to that account. This authorization is to remain in force in Center, Inc. receives written notice of cancellation from me. I certify
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Signatuı	I, the undersigned, authorize the State of Kansas and the University deposit entries directly into my checking or savings account in transactions. I also authorize the Financial Institution to post thes until the State of Kansas and the University of Kansas Research under penalty of perjury under the laws of the State of Kansas that Signature	rsity of Kansas Center for Research, Inc. to originate future electronic indicated above and to correct any errors which may occur from the se transactions to that account. This authorization is to remain in force in Center, Inc. receives written notice of cancellation from me. I certify at the foregoing is true and correct. Date Job Title
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Signatuı	I, the undersigned, authorize the State of Kansas and the University deposit entries directly into my checking or savings account in transactions. I also authorize the Financial Institution to post thes until the State of Kansas and the University of Kansas Research under penalty of perjury under the laws of the State of Kansas that Signature Name (printed) Te*, Date and Printed name are required. Part V: Agency Certification (to be completed by state I, the undersigned, certify that I have contacted this supplier and authorized to make account changes for the supplier.	rsity of Kansas Center for Research, Inc. to originate future electronic indicated above and to correct any errors which may occur from the se transactions to that account. This authorization is to remain in force in Center, Inc. receives written notice of cancellation from me. I certify at the foregoing is true and correct. Date Job Title Please fill these blanks out. agency)
Signatur	I, the undersigned, authorize the State of Kansas and the University edeposit entries directly into my checking or savings account in transactions. I also authorize the Financial Institution to post the until the State of Kansas and the University of Kansas Research under penalty of perjury under the laws of the State of Kansas that signature Name (printed) Te*, Date and Printed name are required. Part V: Agency Certification (to be completed by state I, the undersigned, certify that I have contacted this supplier and authorized to make account changes for the supplier.	rsity of Kansas Center for Research, Inc. to originate future electronic indicated above and to correct any errors which may occur from the set transactions to that account. This authorization is to remain in force in Center, Inc. receives written notice of cancellation from me. I certify at the foregoing is true and correct. Date Job Title Please fill these blanks out. agency) have verified the information is true and correct and that the contact is

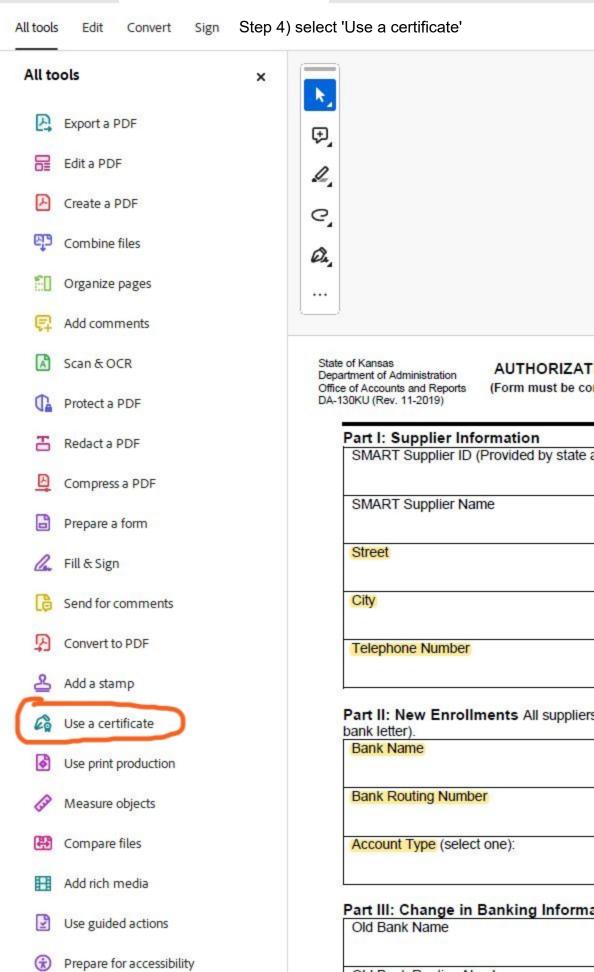
Part V is for office use only. Please leave it blank.

*The state will only accept digital signatures that come with a date and time stamp. To see one way to make an acceptable digital signature, please see the "How to Digitally Sign" document.



Part I: Supplier Information SMART Supplier ID (Provided by state agency. Do not enter SSN or TIN.) SMART Supplier Name Contact Street City State Zip Email Telephone Number Part II: New Enrollments All suppliers, individual and business, must include proof of checking or savings account (voided check or bank letter). Bank Name Supplier Name as It Appears on Bank Account Account Number Bank Routing Number Account Type (select one): Checking Account Savings Account Part III: Change in Banking Information Complete all fields in Part II and Part III for a change in banking information. Old Bank Name Supplier Name as It Appears on Bank Account Old Bank Routing Number Old Account Number Date of Recent Payment Amount of Recent Payment Part IV: Signature of Supplier I, the undersigned, authorize the State of Kansas and the University of Kansas Center for Research, Inc. to originate future electronic deposit entries directly into my checking or savings account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the State of Kansas and the University of Kansas Research Center, Inc. receives written notice of cancellation from me. I certify under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct. Signature Date Name (printed) Job Title Part V: Agency Certification (to be completed by state agency) I, the undersigned, certify that I have contacted this supplier and have verified the information is true and correct and that the contact is authorized to make account changes for the supplier. Signature Print Name Date Agency Number 682 Agency Phone Number Supplier Contact Name Supplier Contact Phone/Email





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Signature Sydney Keizer	Digitally signed by Sydney Keizer Date: 2024.03.27 08:11:31 -05'00'	Date
Name (printed)		Job Title
Part V: Agency Certification (to be comp I, the undersigned, certify that I have contacted authorized to make account changes for the su	this supplier and have verified the informat	ion is true and correct and that the contact is
Signature	Date	Print Name
Agency Number 682	Agency Phone Number	
Supplier Contact Name		

Step 6) you will be given a cursor. You will select a square area with the cursor for the signature to occupy. If everything is done correctly, your signature will appear like the example above. If you are signing for the first time, you may need to set up your signature.