

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 agency. Do not enter SSN or TIN.)			
SMART Supplier Name		Contact	
Street			
City		State	Zip
Telephone Number		Email	

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
Bank Routing Number	Account Number
Account Type (select one): <div>Checking Account Savings Account</div>	

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

Date

Print Name

Agency Number

Agency Phone Number

Supplier Contact Name

Supplier Contact 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

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
Telephone Number		Email	

The contact box should have the name of the 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.

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
Bank Routing Number	Account Number
Account Type (select one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

The first four boxes must be filled out according to their description.

Check the account type in the fifth box.

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

Only fill out Part III if the SMART system already has a bank account on record.

If Part III needs to be filled out, please fill out all boxes.

Part IV: Signature of Supplier

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Signature _____ Date _____
 Name (printed) _____ Job Title _____

Signature*, Date and Printed name are required. Please fill these blanks out.

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 _____ Date _____ Print Name _____
 Agency Number 682 Agency Phone Number _____
 Supplier Contact Name _____ Supplier Contact Phone/Email _____

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.

Menu

DA-130.pdf

Create

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Find text or tools

Step 1) fill out appropriate data on form. You will always digitally sign as a last action, so make sure your form is complete before you sign

Step 2) click the all tools option on the menu bar

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Street			
City		State	Zip
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Bank Name	Supplier Name as It Appears on Bank Account
Bank Routing Number	Account Number
Account Type (select one): <input type="checkbox"/> Checking Account <input type="checkbox"/> 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

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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	Date	Print Name
Agency Number 682	Agency Phone Number	
Supplier Contact Name	Supplier Contact Phone/Email	

All tools



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

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(Form must be completed by the

Part I: Supplier Information

SMART Supplier ID (Provided by state agency. Do not

SMART Supplier Name

Street

City

Telephone Number

Part II: New Enrollments All suppliers, individual a
bank letter).

Bank Name

Bank Routing Number

All tools



- Export a PDF
- Edit a PDF
- Create a PDF
- Combine files
- Organize pages
- Add comments
- Scan & OCR
- Protect a PDF
- Redact a PDF
- Compress a PDF
- Prepare a form
- Fill & Sign
- Send for comments
- Convert to PDF
- Add a stamp
- Use a certificate
- Use print production
- Measure objects
- Compare files
- Add rich media
- Use guided actions
- Prepare for accessibility

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AUTHORIZATION
(Form must be completed by the supplier)

Part I: Supplier Information

SMART Supplier ID (Provided by state agency)

SMART Supplier Name

Street

City

Telephone Number

Part II: New Enrollments

All suppliers must provide a bank letter.

Bank Name

Bank Routing Number

Account Type (select one):

Part III: Change in Banking Information

Old Bank Name

< Use a certificate x

 Digitally sign

 Timestamp

 Validate all signature

 Certify (visible signatures)

 Certify (invisible signatures)



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DA-130KU (Rev. 11-2019)

AUTHORIZATION
(Form must be completed)

Part I: Supplier Information

SMART Supplier ID (Provided by state agency)

SMART Supplier Name

Street

City

Telephone Number

Part II: New Enrollments All suppliers, in bank letter).

Bank Name

Part IV: Signature of Supplier

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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 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  _____ Date _____ Print Name _____

Agency Number 682 Agency Phone Number _____

Supplier Contact Name _____ Supplier Contact Phone/Email _____

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.