

INSTRUCTIONS FOR AN INDIVIDUAL TO COMPLETE A VENDOR INFORMATION FORM (STATE FORM 53788)

1. Enter your legal name on the first line. Your legal name is the one that appears on your Social Security Card.
2. Enter your remit address on the next line.
3. Write in your social security number if you are listing yourself as an “individual”. If you are a business you would list the EIN#.
4. Next select the organization type for your name (most people would be an “individual”).
5. Check the box corresponding to your citizenship (US Person including resident aliens or not a US Person).
6. Check the box for either “Add Deposit” if you are a new vendor to the State of Indiana or “Change Deposit” if you are already a vendor but would like to change the bank account on file with the Auditor of State’s Office.
7. Complete Section 1 by inserting the Account Holder’s Name, Account Number, and Type of Account (Checking or Savings).
8. Complete Section 2 by attaching a voided check or have your financial institution complete this section.
9. Complete Section 3 only if you would like to request electronic notification of EFT Deposits made to your account. You may supply up to four email addresses.
10. Complete the certification section, by printing or typing your name, title, date, and phone number. You must also sign this form on the Authorized Signature line.

This form must be completed and submitted to the Children’s Special Health Care Services program (CSHCS) by fax (317) 233-1342 or by mailing to:

Children’s Special Health Care Services
Provider Relations Section
2 N. Meridian St., 7B
Indianapolis, IN 46204

Please do not mail the form directly to the Auditor’s office. Please contact the Provider Relations section at 1-800-475-1355 if you have any questions.