

NC Office of the
State Controller
***Denotes a Required Field**
This form is to be completed
by the supplier.

STATE OF NORTH CAROLINA
Modification to Existing
Supplier Records Form



*Supplier Name:

*Supplier TIN:

This form is to be completed by the supplier if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Supplier Name.

Please complete the applicable sections below.

Section 1:

CHANGE FROM: Remittance Address	CHANGE TO: Remittance Address
*Address Line 1:	*Address Line 1:
Address Line 2:	Address Line 2:
*City *State *Zip (9 digit)	*City *State *Zip (9 digit)
*County	*County

NOTE: If you would like to receive your payments electronically, please complete the [Supplier Electronic Payment Form](#)

Section 2:

* CHANGE FROM: SSN, or EIN, or ITIN	* CHANGE TO: SSN, or EIN, or ITIN
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(PRESS THE TAB KEY TO ENTER EACH NUMBER)

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Section 3:

CHANGE FROM: Supplier Name	CHANGE TO: Supplier Name
*Legal Name:	*Legal Name:
Business Name/DBA/Disregarded Entity Name, if different from Legal Name:	Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

*Printed Name:		*Printed Title:	
*Authorized U.S. Signature:		*Date:	

Please return completed form to the State Agency from which you are requesting payment.