Please review the instructions available on page 2 prior to completing this form.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)

***Please note**: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report income paid to you to the IRS as required by law.*

NAME OF COMPANY OR INDIVIDUAL

NAME

ADDRESS

STREET SUITE / ROOM #

CITY STATE ZIP CODE

PHONE

EMAIL ADDRESS

TYPE OF TRANSACTION

- ☐ **ADD**
- ☐ **CHANGE/UPDATE**
- ☐ **INACTIVATE**

CHOOSE THE STATE AGENCY FROM WHICH YOU ARE BEING REIMBURSED

☐ **DODD** ☐ **OOD/PCA** ☐ **LOTTERY WINNER** ☐ **ALL OTHER**

☐ **MEDICAID PROVIDER**
(PROVIDER#, NPI#, ASSIGNING AUTHORITY required)

PROVIDER#

NPI #

ASSIGNING AUTHORITY

SECTION 2: NEW FINANCIAL INFORMATION

BANK VERIFICATION MUST BE ATTACHED

NEW FINANCIAL INSTITUTION NAME

ACCOUNT TYPE ☐ **CHECKING** ☐ **SAVINGS**

NEW ACCOUNT NUMBER

Account Number supplied must match attached bank verification

NEW TRANSIT ROUTING /ABA NUMBER

Routing Number supplied must match attached bank verification

SECTION 3: PRIOR FINANCIAL INFORMATION

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

PRIOR FINANCIAL INSTITUTION NAME

PRIOR ACCOUNT NUMBER

Account Number supplied must match previous Account Number on file

PRIOR TRANSIT ROUTING /ABA NUMBER

Routing Number supplied must match previous Routing Number on file

SECTION 4: READ THE AGREEMENT, SIGN, & DATE DIGITAL/TYPED AND STAMPED SIGNATURES ARE NOT ACCEPTED AT THIS TIME

- Account changes must be reported to Ohio Shared Services (OSS) thirty (30) days prior to the effective date.
- All EFT accounts are tied to an address in our system; a form is required for each address (if needed).
- The entity listed hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer. This authority is to remain in effect until revoked by us in writing to OSS, a division of OBM.

☐ I have attached a copy of a **current** voided check or included a bank letter on bank letterhead signed by a bank representative.

☐ Medicaid PROVIDERS – I have ensured the Name, Address, TIN, NPI# & Provider Number matches the information in the MITS Medicaid Web Portal.

☐ I have printed and signed the form.

X

SIGN YOUR NAME HERE PRINT YOUR NAME HERE DATE

Select one of the following methods to submit this form:

E mail:	**Mail:**	**Fax:**
supplier@ohio.gov	Ohio Shared Services, Attn: Supplier Operations P O Box 182880 Columbus, OH 43218-2880	1-614-485-1052

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1

- Enter your Tax Identification Number (TIN) or your Social Security Number (SSN) (required).
- Place a check mark to indicate the type of transaction.
- Enter the complete name and address of the company or individual participating in the EFT program.
- Enter your phone number & email address. When your email address is provided, you will receive an automated email notification when your banking information has been added or updated in our system.
- Check each agency from which you may receive payments. Please specify if you are an OOD/PCA or Lottery Winner.
- Check the Medicaid Provider box if applicable. Fill in your Provider ID number and the NPI number if you have been enumerated.
- If none of the above apply, please select All Other

SECTION 2 (New Information)

- Please enter the name of the new financial institution authorized to conduct transactions, as it should be listed in our system**.**
- Please place a check mark to indicate the type of account in which funds are to be deposited.
- Enter the full Account Number where funds are to be deposited.
- Enter the financial institution's full nine digit Transit Routing/ABA number in the spaces provided.

SECTION 3 (Prior Information) Required if a CHANGE/UPDATE

- Please enter the name of the previous financial institution authorized to conduct your transaction. This should be the most recent bank account information that was submitted to the state and is currently in our system.
- Enter the complete Account Number at your previous institution where EFT funds were deposited.
- Enter the complete nine-digit Transit Routing/ABA number for your previous institution in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4.
- Check mark the boxes to verify you have acknowledged the information.
- Sign your name; print your name and date.
- Please attach a current voided check or bank letter signed by a bank representative (required).

NOTE: The bank letter must be on bank letterhead and signed by a bank representative. It must include the name on the account, type of account, routing number, and account number. Exceptions will be made for Prepaid Cards.