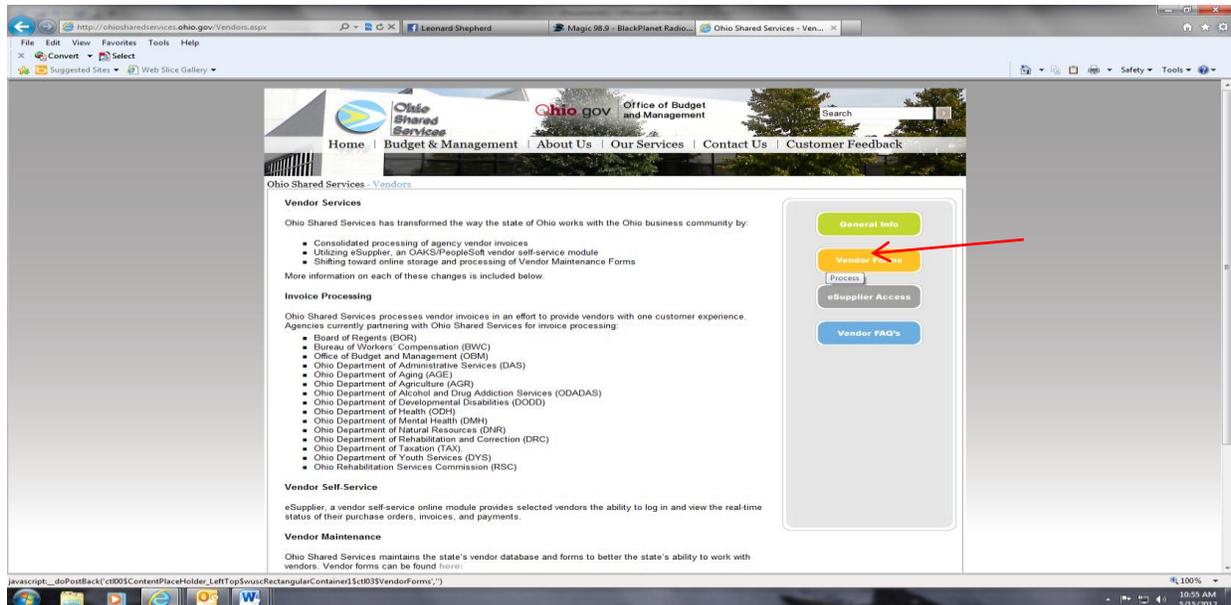


Steps on How to Become a Vendor

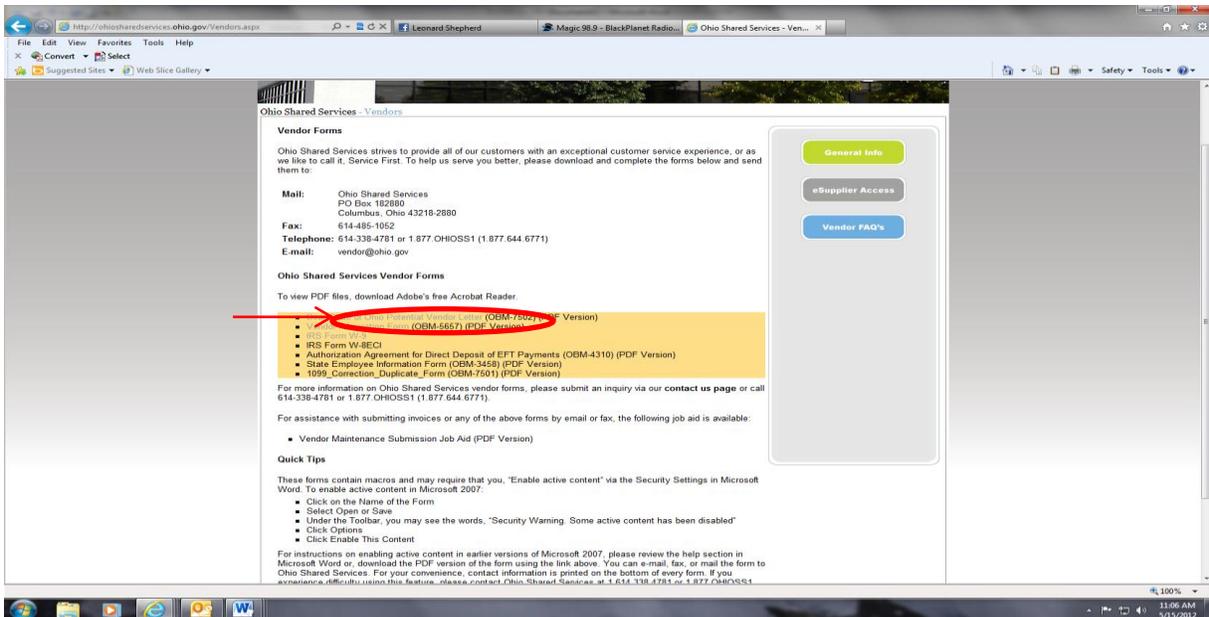
1. Go to Ohiosharedservices.ohio.gov
2. Click on the Vendors link



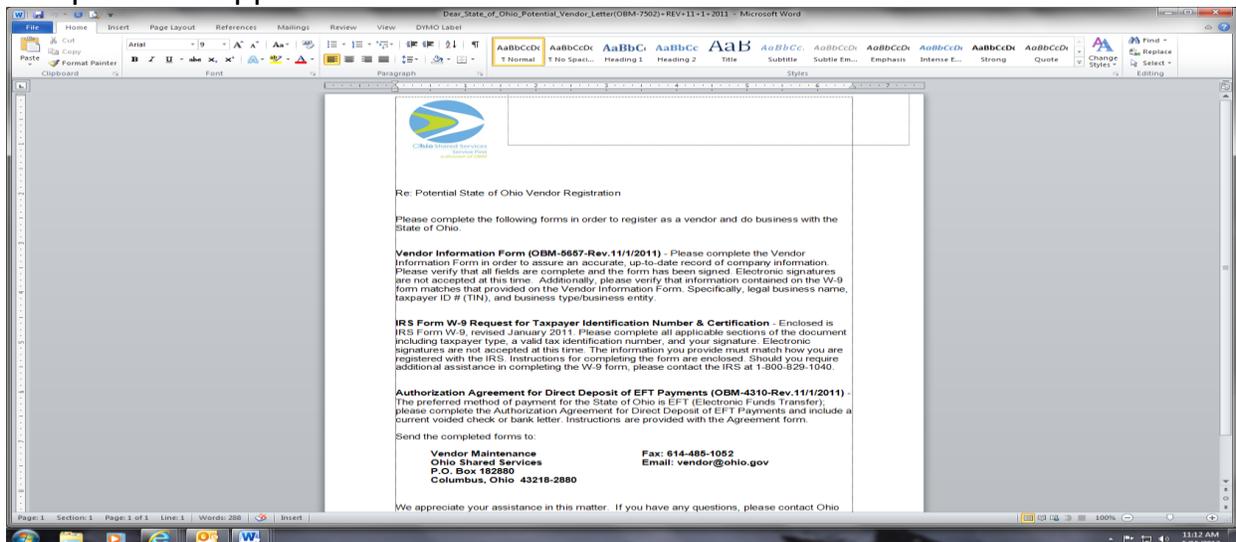
3. Click on Vendor Forms the orange icon located to the right of the screen.



4. Next click under the Ohio Shared Services Vendor Forms select the link for the State of Ohio Potential Vendors letter PDF and review.



A sample of the letter is found below. It will explain what forms are needed to complete the application.



5. There are three forms required to be completed to become a potential vendor.

c. Authorization Agreement for Direct Deposit of EFT Payments form link

SECTION 1

TYPE OF TRANSACTION: ADD CHANGE/UPDATE INACTIVATE

NAME OF CONTRACTOR/INDIVIDUAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN): _____

CHECK ALL THAT APPLY: RSC - PCA OOPS PROVIDER (PROVIDER ID NUMBER REQUIRED) _____

LOTTERY WINNER DODD PROVIDER (PROVIDER ID NUMBER REQUIRED) _____

ALL OTHER: _____

SECTION 2 - NEW FINANCIAL INFORMATION

NEW FINANCIAL INSTITUTION NAME: _____ PHONE: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

NEW ACCOUNT NUMBER: _____

NEW TRANSIT ROUTING/ABA NUMBER: _____

SECTION 3 - OLD PRIOR FINANCIAL INFORMATION - MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

OLD PRIOR FINANCIAL INSTITUTION NAME: _____ PHONE: _____

OLD PRIOR ACCOUNT NUMBER: _____

OLD TRANSIT ROUTING/ABA NUMBER: _____

SECTION 4 - READ THE AGREEMENT, SIGN, & DATE - DIGITAL SIGNATURES ARE NOT ACCEPTED AT THIS TIME

ATTENTION OOPS PROVIDERS: It is the provider's responsibility to keep OOPS AND Ohio Shared Services informed of any changes in order to receive important information regarding benefits and to remain qualified for payments. Information provided must match the information on file with Medicaid or your form will be returned. If you are uncertain, please contact Provider Enrollment at (800) 696-1516 or verify/update the information in the MITS Medicaid Web Portal located at <http://mips.mhs.ohio.gov> or <http://us.pdsecure.safetravel.com/77052NAHS-13300.mhs.ohio.gov>

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 Ohio Shared Services, a division of OBM.

I have attached a copy of a current voided check or included a bank letter.

OOPS PROVIDERS - I have ensured the Name, Address, TIN, & Provider Number matches the information in the MITS Medicaid Web Portal.

Preferred method of being contacted: (circle one) PHONE EMAIL

PRINT NAME: _____

SIGNATURE (DIGITAL SIGNATURE NOT ACCEPTED AT THIS TIME) _____ DATE: _____

Attach a voided check here using tape or include a bank letter signed by a bank representative.

NOTE:

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, on bank letterhead, and signed by a bank representative. Exceptions will be made for Prepaid Cards.
- All information on the current voided check must be imported; this includes the name, address, account and routing numbers. No information can be handwritten.
- We are unable to accept starter checks, deposit slips, or bank statements.
- The name and address on the form and the check/bank letter must match the information in our current vendor records &/or MITS.

Please note this record is subject to public records requests under the laws of the State of Ohio. If you are a business entity but provides a social security number in place of a federal Tax ID number, you are waiving any expectation of privacy and this record may be subject to disclosure.

SUBMIT FORM TO:

Mail: Ohio Shared Services
Attn: Vendor Management
P.O. Box 102890 Col., OH 43218-2890
E-mail: gs@ohio.gov
Fax: (614) 455-1052

QUESTIONS? PLEASE CONTACT:

Phone: (877) OOPS - 661 (1-877-644-6771)
(614) 226-4751
Website: www.ohiosharedservices.ohio.gov
E-mail: vendor@ohio.gov

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- On this form you will fully complete and attach a voided or signed bank letter as indicated on the form.
- For step by step instructions on how to complete this form, please review the instructions attached to the form. A sample of the instructions mentioned is shown below:

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

SECTION 1

- 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. Consider adding contact & email address, when available, and make a separate page to show an e-system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Please enter your OOPS Vendor ID Number (if known).
- Check all that apply. If you are an OOPS or DODD provider please check mark to include & add Provider ID Number or Public Safety. If you are a RSC/PCA, Lottery Winner, or All Other.

SECTION 2 - New Information

- Please enter the new name and phone number of the financial institution authorized to conduct transactions. Be sure to update in our system.
- Please place a check mark to indicate the type of account to which funds are to be deposited.
- Enter the Account Number to which the EFT Transaction are to be deposited.
- Enter the routing number & transit routing/ABA number in the spaces provided. This is a nine digit number that is printed on the front of bank checks.

SECTION 3 - Old Prior Information Required to Change/Update

- Please enter the name and phone number of the previous financial institution authorized to conduct transactions. Be sure to update in our system.
- Enter the Old Prior Account Number to which the EFT Transactions were deposited.
- Enter the Old Prior Financial Institution's Transit Routing/ABA number in the spaces provided.

SECTION 4

- Please read all of the information listed in Section 4. Place a check mark to the boxes to verify you have completed the information. Then print your Name, and provide the date.
- Please attach a current voided check or bank letter (required).

NOTE: If a bank letter must be attached, it must be signed by a bank representative. It must include the name of the account type of account, routing number & account number. Exceptions will be made for Prepaid Cards.

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- When you have completed all required documents you may submit the forms the following ways:

| SUBMIT FORM TO: | QUESTIONS? PLEASE CONTACT: |
|---|--|
| <p>Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880</p> <p>E-mail: vendor@ohio.gov</p> <p>Fax: 1 (614) 485-1052</p> | <p>Phone: 1(877) OHIO - SS1(1-877-644-6771) 1 (614) 338-4781</p> <p>Website: www.ohiosharedservices.ohio.gov</p> <p>E-mail: vendor@ohio.gov</p> |

- Once the application has been submitted, please allow 5 business days to process the application. If additional information is required of you, they will contact you by e-mail. Otherwise, you will be notified by way of e-mail or mail with your Vendor ID information.

For additional information on Ohio Shared Services vendor forms, please submit an inquiry via our **contact us page** or call 614-338-4781 or 1.877.OHIOSS1 (1.877.644.6771).