E AGREEMENT, SIGN, & DATE - DIGITAL SIGNATURES ARE NOT ACCEPTED AT THIS TIME

Ohio Shared Services
Service First
a division of OBM

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

All parts of the form must be completed by the vendor. Incomplete forms will be returned. The information must be legible. Ensure this is the latest version of the form at www.ohiosharedservices.ohio.gov.

SECTION 1

TYPE OF TRANSACTION: ☐ ADD ☐ CHANGE/UPDATE ☐ INACTIVATE

NAME OF COMPANY OR INDIVIDUAL

ADDRESS

CITY	STATE	ZIP

PHONE	EMAIL

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

CHECK ALL THAT APPLY

☐ RSC - PCA ☐ ODJFS 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

- Account changes must be reported to Ohio Shared Services 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).

ATTENTION ODJFS PROVIDERS: It is the **provider's responsibility** to keep ODJFS **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) 686-1516 or verify/ update the information in the MITS Medicaid Web Portal located at https://ssopro.mits.odjfs.state.oh.us/prosecure/authtam/login?HOSTNAME=ssopro.mits.odjfs.state.oh.us.

- **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.**

☐ **ODJFS 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 imprinted; 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 that 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:	**QUESTIONS? PLEASE CONTACT:**
Mail: Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880	**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781
E-mail: vendor@ohio.gov	**Website:** www.ohiosharedservices.ohio.gov
Fax: 1 (614) 485-1052	**E-mail:** vendor@ohio.gov

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. Enter your phone number & email address. When your email address is provided, you will receive an automated email notification stating your banking information has been added or updated in our system.
- Enter your Employer Identification Number or your Social Security Number (required).
- Please enter your OAKS Vendor Id Number (if known).
- Check all that applies. If you are an ODJFS or DODD provider please check mark to indicate & add Provider Id Number or please specify, 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, as it should be updated 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 Transactions are to be deposited.
- Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check or bank letter.

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

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently 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. Read & check mark the boxes to verify you have acknowledged the information. Then print your name, sign your name, and provide the date.
- Please attach a current voided check or bank letter (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, & account number. Exceptions will be made for Prepaid Cards.