

Instructions for Direct Deposit Authorization form.

Section A — Payee information

- List all provider/vendor identification numbers, if known from the agency that are associated with this direct deposit. **Note:** *DHS employees contact your payroll office for supplemental form if you are interested in direct deposit.*

Type of action:

- New** (Start) – Mark this box for new enrollment or re-enrolling for direct deposit after a cancellation.
- Change** – Mark this box to change any information. Includes changes in bank account (canceling current deposit and starting a new one), providers/vendor numbers or contact information. **Note:** If changing only e-mail or mailing address, section B may be left blank.
- Cancel** (Stop) – Mark this box to withdraw authorization for direct deposit. Cancellations require a three day turnaround. DHS/OHA payroll transactions must be received prior to the 21st of each month.
- Identification number:** Social Security number (SSN) or Federal Employer's Identification number (FEIN). *(Required field)*
- Name and address:** Include name of account holder and mailing address. – *(Required field)*
- Phone number:** Please provide a phone number where you may be reached during business hours in case there are challenges setting up this service or delivering a future payment to you. – *(Required field)*
- E-mail address:** For contact purposes, should there be an issue with your transaction, if none leave blank.

Section B — Financial institution information (Bank, credit union, etc.)

- Account type:** Specify if checking or savings account.
- Bank name:** Name of bank.
- Bank routing number:** This is always a nine-digit number.
- Bank account number:** This may have up to 17 digits.
- Account class:** Specify if personal or business account.
- Account name:** Name on account.

Section C — Authorization

- Read, sign and date** the form to indicate your agreement with the terms and conditions specified on it.
- Recovery of funds deposited in error:** In the event an erroneous deposit occurs creating an overpayment, DHS/OHA will reserve the right to debit your account accordingly.
- International transactions:** In order to comply with the National Automated Clearing House Association (NACHA) Rules. DHS/OHA is required to determine if Direct Deposit funds from DHS/OHA are moving in their entirety outside the U.S. If this is determined to be the case, DHS/OHA will not be able to remit funds electronically into your account.

Depending on the payment cycle it may take up to 30 days to verify your account.

Final steps

- Attach a copy of a voided check or official bank verification of the account name, routing number and account number. **This information is required for all new accounts.** *(Deposit slips not accepted.)*
- Retain a copy for your records.
- Return (or FAX 503-378-6860) completed form and voided check or bank verification to:
Department of Human Services/Oregon Health Authority, Office of Financial Services/ACH, 500 Summer Street, NE, E-82, Salem, OR 97301-1080. Questions contact: DHS/OHA EFT Coordinator 503-945-5710.



Direct Deposit Authorization Form for Providers, Vendors and Contractors



Routing number

For

⑆123456789⑆ ⑆12345678⑆ ⑆9876⑆ Check number
Account number

Section A — Payee information

Payments received for the following provider/vendor/contractor numbers:			
Number: □□□□□	Number: □□□□□	Number: □□□□□	Number: □□□□□
Type of action: <input type="checkbox"/> New (Start) <input type="checkbox"/> Change <input type="checkbox"/> Cancel (Stop)			
Social Security or FEIN number: □□□□□			
Name and mailing address: □□□□□			
Phone number: □□□□□		E-mail address: □□□□□	

Section B — Financial institution information

Account type: <input type="checkbox"/> *Savings OR <input type="checkbox"/> *Checking		<input type="checkbox"/> *Personal OR <input type="checkbox"/> *Business	
*Copy of voided check or official bank verification is required.			
Bank name: □□□□□	Bank routing number: □□□□□	Bank account number: □□□□□	
Name(s) as they appear on account: □□□□□			
Location of account numbers are on bottom of your check: _____→			

Section C — Authorization

Important! Please read and sign before submitting.

- This form is used to authorize direct deposit to a checking or savings account** – For all Department of Human Service (DHS) and Oregon Health Authority (OHA) programs and payment systems.
- Cancel/change account** – To **cancel** this authorization, submit a new form and check the cancel (STOP) box checked, sign and date the form and remit as instructed below. Cancel/change account - by selecting the "change" box and completing the form with new account information, or by selecting the "cancel" box, you hereby revoke your previous authorization for direct deposit.
- International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.

Signature of account holder: _____ Date: □□□□□

Office use only	<input type="checkbox"/> OR-Kids <input type="checkbox"/> MMIS <input type="checkbox"/> SFMA <input type="checkbox"/> CBC/CEP	Date processed: □□□□□	Initial: □□□□□
	Original documentation on file with DHS: Signature: □□□□□	Date: □□□□□	

When this form is complete:

- Attach a copy of a voided check or official bank verification of the account name, routing number and account number. **This information is required for all new accounts.** (Deposit slips not accepted.)
- Return or FAX 503-945-6860 completed form and voided check or bank verification to:
Department of Human Services/Oregon Health Authority, Office of Financial Services, Attn: EFT Coordinator
500 Summer Street NE, E-82, Salem, OR 97301-1080.
- Retain copy for your records.