

**INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OF STATE WARRANTS**

SECTION 1

- A. Place a check-mark to indicate the type of transaction:
“Add” indicates a new authorization
“Change” indicates a change to an existing authorization
“Delete” indicates a request for termination of direct deposit
- B. Enter the complete name and address of the company or individual participating in the EFT program.
- C. Enter your company’s Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 2

- A. Enter the name and address of the financial institution authorized to conduct transaction.
- B. Place a check-mark to indicate the type of account to which funds 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. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT Transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

Forward the signed authorization form along with a **voided check or savings deposit slip** to:

**OHIO DEPARTMENT OF MR/DD
FISCAL ADMINISTRATION
30 E BROAD ST 13TH FL
COLUMBUS OH 43215-3434**

ATTENTION: Medicaid Payment & Support

Please do NOT send to the address on the form itself (Office of Budget and Management).

An e-mail version of this form is not acceptable as a signature is required. If you have any questions, please send an e-mail to the Medicaid Payment & Support Office at provider.support@dmr.state.oh.us.



STATE OF OHIO - OFFICE OF BUDGET & MANAGEMENT

30 E. BROAD STREET, 34th FLOOR
COLUMBUS, OHIO 43215 - 3457

http://www.obm.ohio.gov/

AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSIT OF STATE WARRANTS

- To sign up for EFT, please TYPE or PRINT the information requested in SECTION 1 and 2. Then sign, date and return it to State Accounting - Office of Budget & Management.
Any account changes must be reported to the State Accounting's Office thirty (30) days prior to actual change.
Payee must keep the State Accounting's Office informed of any address and bank changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1

Form for Section 1 containing fields for transaction type (ADD, CHANGE, DELETE), company/individual name, county, address, city, state, zip code, and federal tax ID or social security number.

SECTION 2

Form for Section 2 containing fields for financial institution name, county, address, city, state, zip code, account type (SAVINGS, CHECKING), transit routing / ABA number, and account number at above institution.

- Whereby authorize the State Accounting's Office to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
This authority is to remain in effect until revoked by us in writing to the State Accounting's Office.
Please attach a cancelled check for checking accounts or a "spec sheet" from your financial institution for savings accounts.

Applicant Signature

Type Name

Date (M/d/yy)

Do Not Write Below This Line - For State Accounting's Use Only

Date Received

Grid for Vendor ID Number

Vendor ID Number

Date Entered

Initials