STATE OF OHIO
DEPARTMENT OF JOB AND FAMILY SERVICES

AUTHORIZATION AGREEMENT FOR STATE MEDICAID PAYMENTS

- To apply for EFT, to change bank information on existing EFT, or to delete participation in EFT, select the type of transaction, then type or print the information requested in Sections 1 and 2 below. Sign, date, and return this form, with a voided check, to the Ohio Department of Job and Family Services, EFT Services, Attn: Provider Enrollment Unit, P.O. Box 1461, Columbus, Ohio, 43216-1461.
- Payee must keep the Ohio Dept of Job and Family Services informed of any address changes in order to receive important information about benefits, or of any bank information changes to remain qualified for EFT.

*SECTION 1**

Type of Transaction: _____ **Add** (new applicant) _____ **Change** bank information

_____ ( ) _____
Provider Name Area Code + Phone Number

_____
Provider Mailing Address, City, State, and Zip Code

Federal Tax ID or Social Security Number ODJFS Provider Number

| | | | | | | | | | ----- | | | | | | | |

*** Enter the provider's name and mailing address according to the records maintained by the Dept of Job and Family Services. Enter the Federal Tax ID Number (either Employer's Identification Number or Social Security Number) and the Provider Number for the provider, as assigned by the Department of Job and Family Services. This information can be found on the remittance advices (EOBs) received with payments.**

*SECTION 2***

_____ _____ ( ) _____
Financial Institution Name Contact Person (if known) Area Code + Phone Number

_____
Financial Institution Mailing Address, City, State, and Zip Code

Transit Routing/ABA Number

| | | | | | | | | |

Type of Account: ___ Savings ___ Checking

Provider's Account Number at Financial Institution

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**** Enter the name, address, and phone number of the financial institution in which deposits are to be made. Enter the account and transit routing/ABA number of the provider's account. (This information can be found encoded at the bottom of the checks.) Check mark the type of account. Only two types of accounts are available. If you are unsure about the type of account, please contact your financial institution. If you are unsure of your transit routing/ABA number, contact the financial institution concerning transit routing/ABA number for ACH transfers. INCLUDE A VOIDED CHECK WITH THE COMPLETED FORM.**

- **I accept the direct deposit facilitated by Electronic Funds Transfer (EFT) to the account as designated in section 2 of this form. I understand that the deposit is from Federal and State Funds, and that any falsification or concealment of a material fact may be prosecuted under applicable Federal or State Laws.**

_____ _____
Signature of Provider or Designee Title of Signer

_____ _____
Provider Name Typed or Printed Date

Received: **For Internal Use Only** _____ _____
Date Entered **Initials**