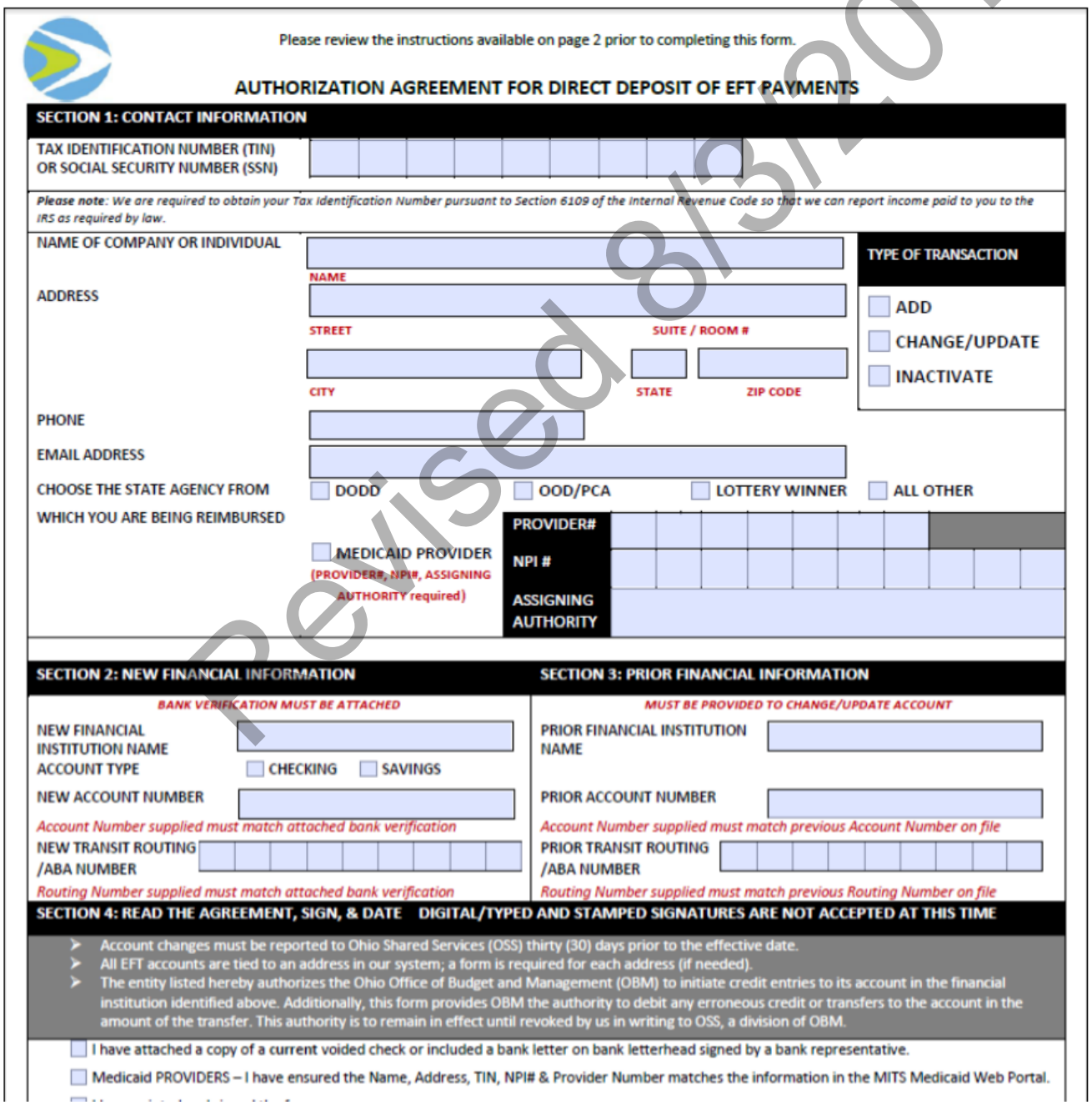
Authorization Agreement for Direct Deposit

The preferred method of payment for the State of Ohio is EFT (Electronic Funds Transfer). The "Authorization Agreement for Direct Deposit of EFT Payments" (OBM-4310) is used to enroll in the EFT program and/or submit changes to the EFT information on the supplier record (see Entering or Changing Supplier EFT Information). Supplier Operations forms are available through the Ohio Shared Services website.

"Authorization Agreement for Direct Deposit" forms prior to September 2009 will not be accepted and will be returned to the supplier and/or agency.



Please review the instructions available on page 2 prior to completing this form.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

SECTION 1: CONTACT INFORMATION

TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)

Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report income paid to you to the IRS as required by law.

NAME OF COMPANY OR INDIVIDUAL

NAME

ADDRESS

STREET SUITE / ROOM #

CITY STATE ZIP CODE

PHONE

EMAIL ADDRESS

TYPE OF TRANSACTION

- ADD
- CHANGE/UPDATE
- INACTIVATE

CHOOSE THE STATE AGENCY FROM WHICH YOU ARE BEING REIMBURSED

- DODD
- OOD/PCA
- LOTTERY WINNER
- ALL OTHER

MEDICAID PROVIDER (PROVIDER#, NPI#, ASSIGNING AUTHORITY required)

PROVIDER#

NPI #

ASSIGNING AUTHORITY

SECTION 2: NEW FINANCIAL INFORMATION

BANK VERIFICATION MUST BE ATTACHED

NEW FINANCIAL INSTITUTION NAME

ACCOUNT TYPE CHECKING SAVINGS

NEW ACCOUNT NUMBER

Account Number supplied must match attached bank verification

NEW TRANSIT ROUTING /ABA NUMBER

Routing Number supplied must match attached bank verification

SECTION 3: PRIOR FINANCIAL INFORMATION

MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT

PRIOR FINANCIAL INSTITUTION NAME

PRIOR ACCOUNT NUMBER

Account Number supplied must match previous Account Number on file

PRIOR TRANSIT ROUTING /ABA NUMBER

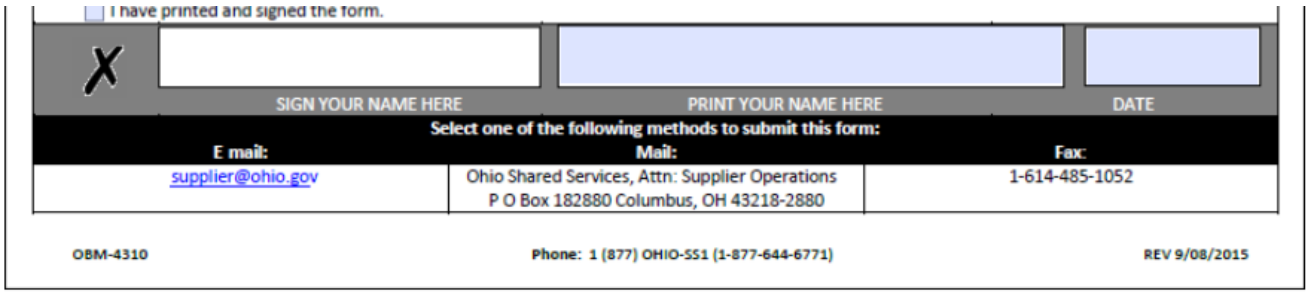
Routing Number supplied must match previous Routing Number on file

SECTION 4: READ THE AGREEMENT, SIGN, & DATE DIGITAL/TYPED AND STAMPED SIGNATURES ARE NOT ACCEPTED AT THIS TIME

- Account changes must be reported to Ohio Shared Services (OSS) 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).
- 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 OSS, a division of OBM.

I have attached a copy of a current voided check or included a bank letter on bank letterhead signed by a bank representative.

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


I have printed and signed the form.

X | SIGN YOUR NAME HERE | PRINT YOUR NAME HERE | DATE

Select one of the following methods to submit this form:

E mail:	Mail:	Fax:
supplier@ohio.gov	Ohio Shared Services, Attn: Supplier Operations P O Box 182880 Columbus, OH 43218-2880	1-614-485-1052

OBM-4310 Phone: 1 (877) OHIO-SS1 (1-877-644-6771) REV 9/08/2015

Review Supplier Form

General Requirements

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date of the change.
- Section 1-3 of the "Authorization Agreement for Direct Deposit of EFT Payments" must be legibly written or typed and Section 4 must include a handwritten signature.
- Bank account verification or banking back-up must be provided.
- To delete / inactivate EFT, no bank verification is required; however, all information on the "Authorization Agreement for Direct Deposit of EFT Payments" form must be accurate.
- If an EFT location on the supplier record has been inactive since 01/01/1901 date, the form(s) may be processed and the payment location may be updated with the new information when all other conditional requirements are also met.

Banking Back-Up for New Supplier EFT Set-Up

Banking back-up must be provided for all new Supplier EFT set-up requests.

- Banking back-up will be used to confirm the routing number and account number that the supplier enters onto the EFT form or into self-registration is accurate.
- Banking back-up can consist of: voided check, sample or reorder check, deposit slip, starter check, counter check, direct deposit form or bank letter.

Banking Verification Requirements

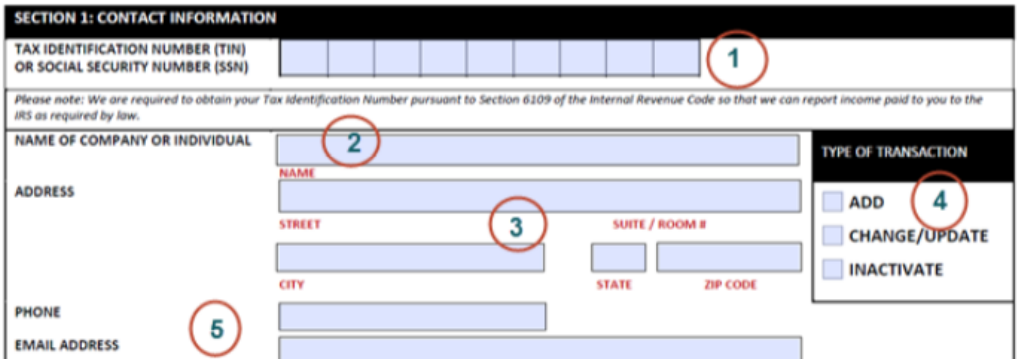
Bank account verification must be provided for all banking changes/updates.

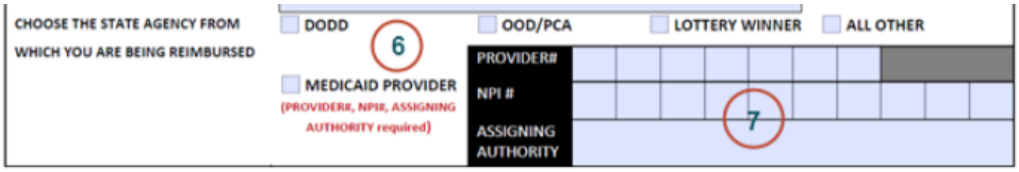
- Click **here** for bank account verification instructions.

Governmental Entities / Municipalities

- Click **here** for instructions specific to governmental entities and municipalities.

Section 1: Contact Information





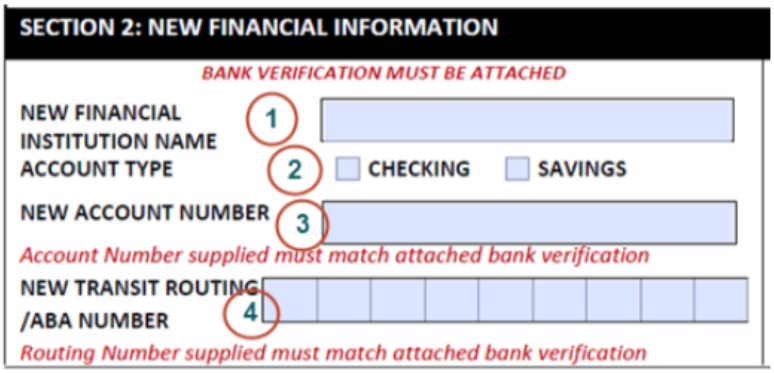
1. **Tax Identification Number or Social Security Number** must be completed. (Must have 9 digits and match the VIF, W9, OAKS- Supplier module on the Identifying Information tab or Maintain EFT module on the Maintain EFT tab, and/or MITS - where applicable).
2. **Name of Company or Individual** must be completed. (Must match the VIF, W9, OAKS- Supplier module on the Identifying Information Tab or Maintain EFT module on the Maintain EFT Tab, and/or MITS - where applicable).
   - If the supplier is listed with a formal name and bank verification comes with a shortened name (e.g., William / Will), the forms will be accepted.
   - Click here for **Medicaid**.
   - A stamped name and address is acceptable (excluding the signature line).
3. **Address** – a complete address must be provided. (Must match VIF, OAKS- Supplier module on the **Address** tab, MITS, and/or bank verification - where applicable).

- When there is a discrepancy between any (2) cities listed on forms and/or systems, where the street addresses and zip codes match, both street/city addresses are verified through USPS to validate that both cities listed are valid options and therefore are considered a "match" for processing. (Example: ABC St, Westerville, OH 43081 on the EFT form, but MITS and bank verification list ABC St, Columbus, OH 43081).
  - All EFT accounts are tied to a specific address in the Supplier Operations module and either a form is required for each address or multiple addresses may be listed in Section 1 (if needed).
  - If the "Authorization Agreement for Direct Deposit of EFT Payments" form provides multiple addresses, setup will be determined by the type of bank verification attached:
    - Voided Check - only addresses on the voided check are entered.
    - Bank Communication - all addresses on the form are entered.
    - Prepaid Card - only addresses on the prepaid card verification are entered.

4. **Type of Transaction**
   - If "ADD" or "CHANGE/UPDATE" is not marked or is incorrect, the type of action and the documentation needed will be determined when reviewing MITS, the OAKS Supplier Module, or Maintain EFT module.
   - If they no longer wish to receive EFT payments the "INACTIVATE" must be marked.
5. **Phone & Email Address** are not required; however, if provided will be used for notification purposes.
6. **Choose the state agency from which is being reimbursed** - If this section is not completed, the type of action and the documentation needed will be determined when reviewing MITS, the OAKS FIN Supplier Module, or Maintain EFT module.
   - If "Medicaid Provider" is checked, the appropriate information must be listed in the **Provider, NPI, Assigning Authority** section.
7. **Provider, NPI, Assigning Authority** - When the 7-digit Medicaid Provider Number is listed on the form, it must match the provider number and name listed in MITS and/or OAKS-Maintain EFT module. NPI and Assigning Authority are required by the Federal Government; however, they are not needed for OSS

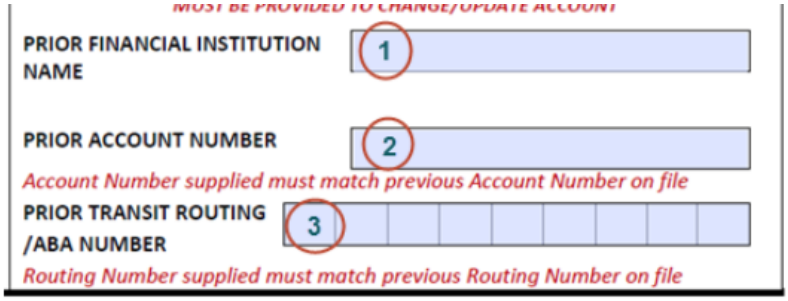
processing.

Section 2: New Financial Information



1. **New Financial Institution Name** is not required.
2. **Account Type** is not required since it can be determined by the banking verification provided or by contacting the bank.
   - If the type of account is not on the Bank Verification, but it is on the "Authorization Agreement for Direct Deposit of EFT Payments" form (or vice versa), the form(s) can be processed.
   - If the type of account is conflicting between the "Authorization Agreement for Direct Deposit of EFT Payments" form and the bank verification, contact the bank for confirmation. If unable to confirm, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).
   - If the type of account is not listed on the "Authorization Agreement for Direct Deposit of EFT Payments" form or the bank verification, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).
     - If the type of account is not listed on the "Authorization Agreement for Direct Deposit of EFT Payments" form, but a voided check is included, the form(s) can be processed.
   - Money Market accounts are entered as checking accounts unless otherwise noted.
3. **New Account Number** must be completed and must match the bank verification.
   - The forms are processed if zeros are omitted from the beginning of the account number or the check number is included at the end of the account number. If any other digits are missing or incorrect, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).
4. **New Transit Routing/ABA Number** must be provided on either the form or the bank verification.
   - Verify the bank routing number when it is missing from either the form or bank verification via the Routing Number website or by contacting the bank.
   - Verify the bank routing number when it does not match between the form or bank verification via the Routing Number website or by contacting the bank.
   - If the bank routing number is missing from ALL documentation, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).

Section 3: Prior Financial Information

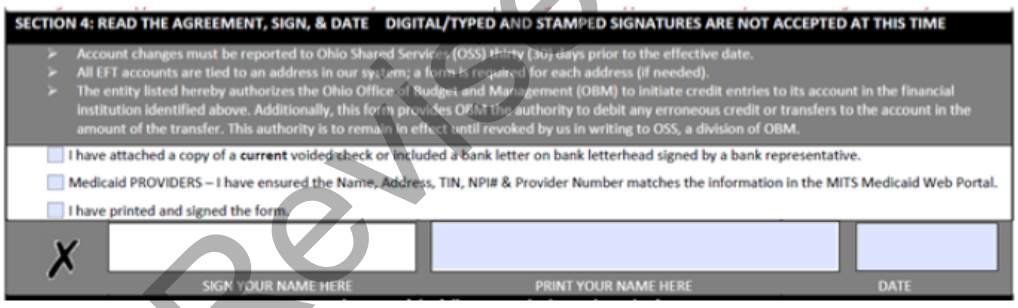


1. **Prior Financial Institution Name** is not required.
2. **Prior Account Number** must be completed and must match the OAKS FIN Supplier module on the Location Tab under the payables link OR in the OAKS FIN Maintain EFT module on the Maintain EFT Tab (where applicable).

   If a supplier / provider is unable to retrieve their old bank account information, they may obtain a letter from their prior bank stating that their old bank account information cannot be located.

3. **Prior Transit Routing/ABA Number** is not required.
   - Verify the bank routing number when it does not match between the form or OAKS FIN via the Routing Number website or by contacting the bank.
     - If the bank routing numbers belong to the same financial institution, the form can be processed.
     - If the bank routing numbers do not belong to the same financial institution, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).
   - If the old bank routing number is missing from the form, refer to the "Updating the Supplier Operations Tracker" topic to reject the form(s).

Section 4: Read, Sign, and Date



- **Read, Sign, and Date** must be handwritten.
  - **Electronic or stamped signatures are not accepted.**
    - Do not accept signature if you can click on the signature and move it around the page.
    - Do not accept signature if there are black lines around it indicating use of a rubber stamp.
    - Do not accept Font signatures.
  - Printed Name and Date are not required.