

Direct Deposit Form

Provider ID#: _____

Select one of the following options.

I do not want to receive payments by direct deposit. Please pay me by check.

I would like to receive payments by direct deposit to my bank account.

- Please complete the direct deposit account information, attach a voided check, and hand sign the document.
- A voided check with a business/legal name matching the application and printed by the bank must be attached in order to successfully enroll your facility in direct deposit.
- Please do not submit family bank information as it will not be accepted – all payments must be made directly to provider.

Provider Name (as it appears on bank account): _____

Bank Name: _____

City: _____ State: _____

ACH Routing Number: _____

Account Number: _____

Checking Account

Savings Account

Signature: _____ Date: _____

Attach Voided Check Here