

## Direct Deposit Election Form

Provider ID Number: \_\_\_\_\_

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 attach a voided check or bank letter, and sign the document.

A voided check or bank letter 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; it will not be accepted. All payments are made directly to provider.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach Voided Check Here