



STATE OF NEW HAMPSHIRE – DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)

AUTHORIZATION AGREEMENT

Enrolled Providers for the Division for Children, Youth and Families (DCYF)

INSTRUCTIONS

To enroll for Direct Deposit, please read the instructions on the reverse side of this form and fill in the information requested in sections 1 and 2. In order to process your request for EFT, a copy of a voided check or savings deposit slip must be attached to this form. Mail the original form to:

Department of Health and Human Services
Division for Children, Youth and Families – Provider Relations
129 Pleasant Street
Concord NH 03301

IMPORTANT: For each payment, it is your responsibility to verify that the amount listed on your Remittance Advice has been deposited into your bank account. The Remittance Advice does not guarantee that the money has been deposited. The Department of Health and Human Services is not responsible for any fees you incur from your bank.

SECTION 1

TYPE OF TRANSACTION

NEW

TERMINATE

PROVIDER NAME (Last, First, Middle Initial)

Select EIN or SSN only (according to how you are currently enrolled)

DOING BUSINESS AS (DBA)
(If you have a business name)

EMPLOYER IDENTIFICATION NUMBER (EIN)

EIN input boxes

OR

SOCIAL SECURITY NUMBER (SSN)

SSN input boxes

ADDRESS (Street, PO Box)

BRIDGES RESOURCE ID NUMBERS

Bridges Resource ID input boxes

CITY STATE ZIP CODE

TELEPHONE NUMBER

I certify that I have read and understand the information on the reverse side of this form (or page 2 if internet version). In signing this form, I authorize my payment to be sent to the designated account. I also authorize the Department of Health and Human Services to adjust any deposit made in error and to deduct the amount of the error from my account or future payments.

SIGNATURE

DATE

SECTION 2

NAME AND ADDRESS OF BANK

ROUTING NUMBER

Routing number input boxes

ACCOUNT HOLDER NAME

Account holder name input line

DEPOSITOR ACCOUNT NUMBER

TYPE OF DEPOSITOR ACCOUNT

Checking Savings

SECTION 3 (STATE OFFICE USE ONLY)

STATE AUTHORIZED REPRESENTATIVE'S NAME
(Print)

SIGNATURE OF STATE AUTHORIZED REPRESENTATIVE

DATE RECEIVED

# DIRECT DEPOSIT



- EASIER ACCESS TO YOUR PAYMENTS
- NO MORE LOST OR STOLEN CHECKS
- NO MORE LONG BANK LINES

You can get a copy of this form from the website:  
<http://www.dhhs.nh.gov/dcyf/cdb/forms.htm>

## WHAT IS DIRECT DEPOSIT?

Direct Deposit is also known as electronic funds transfer (EFT). You can authorize the New Hampshire Department of Health and Human Services (DHHS) to deposit your payments directly into your checking or savings account.

## HOW DOES IT WORK?

DHHS electronically “tells” your bank to credit your account. In most instances, the payment will be received at your bank within two business days after DHHS disburses the payment. **For each payment, be sure to verify with your bank that a deposit has been made prior to accessing funds. DHHS is not responsible for any fees you incur from your bank.**

## HOW DO I SIGN UP FOR DIRECT DEPOSIT?

Complete the authorization form according to the directions and mail the original form attaching a voided check or savings deposit slip to:

Department of Health and Human Services  
Division for Children, Youth and Families – Provider Relations  
129 Pleasant Street  
Concord NH 03301

## HOW LONG DOES IT TAKE?

It can take up to 30 days to process the request. You will continue to receive checks in the mail until Direct Deposit is authorized.

## WHAT IF I HAVE MORE THAN ONE RESOURCE ID#?

Indicate all Resource ID Numbers for which you want Direct Deposit on this form.

## HOW DO I KNOW WHEN DIRECT DEPOSIT BEGINS?

You will no longer receive a paper check. Be sure to check your account for a deposit from DHHS. A Remittance Advice statement does not guarantee that a deposit has been made into your account.

## WHAT DO I NEED TO DO IF I CHANGE MY EXISTING ACCOUNT CONNECTED TO DIRECT DEPOSIT OR CHANGE BANKS?

If you change accounts at your bank or change banks, you must stop Direct Deposit as explained below and re-enroll for Direct Deposit.

## HOW DO I STOP DIRECT DEPOSIT? \*\*\*IMPORTANT\*\*\*

You must notify DCYF – Provider Relations at (603) 271-4954 prior to notifying your bank of any changes in your account. You must complete this form and check “Terminate” in the space “Type of Transaction”.

The information on this form will be used to process payment data from the Department of Health and Human Services to the bank and/or its agent. Failure to provide the requested information will affect the processing of this form and will delay or prevent the receipt of payments through Direct Deposit.

## ACCESS TO ACCOUNT

Once the direct deposit is completed, any questions regarding access to funds are between the payee and the bank. All inquiries and liabilities regarding access to funds must be addressed to the bank. DHHS is not responsible for any fees charged to you by your bank.

## CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by written notice using this form to the Department of Health and Human Services or by death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving bank that she/he is doing so. The agreement is deemed to be cancelled upon closing your bank account.

## CHANGING BANKS

The payee's direct deposit will continue to be received by the bank until cancelled in writing using this form as provided above, or until the Department of Health and Human Services and the bank are notified by the payee (in writing using this form) that the payee wishes to change the bank that is receiving direct deposit. In addition, the payee must complete a new copy of this form with the newly selected bank.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

State law provides a fine of not more than \$2,000 or imprisonment for not more than one (1) year or both for giving false information in connection with making a written or electronic false statement that the party does not believe to be true (NH RSA 651:2 and 641:3).

**Keep a copy of this form for your records**