

## AUTHORIZATION FORM: DIRECT DEPOSIT

Please type or legibly PRINT all information below in ink.

### SECTION 1

TIPS Provider #:			
First Name:	M.I.	Last Name:	
Date Of Birth:	E-MAIL Address:		
Mailing Address 1:			
Mailing Address 2			
City:	State:	Zip:	Parish:
Daytime Telephone:		Home Telephone:	
Social Security Number:		Tax ID Number:	

### SECTION 2 FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution:			
City:	State:	Zip:	Parish:
Telephone:	Check one: <input type="checkbox"/> Corporate Account <input type="checkbox"/> Personal Account		
Routing Number:		Account Number:	
Account Type (Check one):	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Check one: <input type="checkbox"/> New Request	<input type="checkbox"/> Change Account	<input type="checkbox"/> Cancel Direct Deposit	

**\*Note: Be sure to include a pre-printed deposit slip or voided check. If the account is a savings account at a credit union or savings and loan, a financial institution printout showing the account number and routing number is required.**

### Section 3: Authorization Agreement for the Direct Deposit of Provider Payments

I authorize Office of Community Services (OCS) to deposit my Provider payments directly into my checking account or savings account as specified above. I understand the deposits/adjustments will be made electronically by Automated Clearing House Network (ACH) transactions and I must allow the Federal Reserve two working days from the disbursement date to have the transactions funds available to my financial institution. I also understand the following: It is my responsibility to provide correct routing and account information for ACH transmissions by attaching a voided check or pre-printed deposit slip from my financial institution. I will immediately notify OCS if my banking information changes. I must submit a new authorization form to change my direct deposit. I can stop my direct deposit by notifying OCS. I must notify OCS of any changes to my address. I must include my name and TIPS provider number on all correspondence regarding direct deposit. OCS will notify me of deposits to my account with a Remittance Advice. To verify when a payment is posted to my account and funds are available, I will have to contact my financial institution.

By signing below I signify that I have read and agree to all of the conditions listed above.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Office Use Only		
Sent by: _____	Date Received: ____/____/____	Entered By: _____