



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

- To sign up for EFT, please **TYPE or PRINT** the information requested in SECTIONS 1-3. The information provided must be **legible**. SECTION 4 must be signed & dated. **Please return original form to: Ohio Shared Services, ATTN: Vendor Maintenance, 4310 E. Fifth Avenue, Columbus, OH 43219.**
- **Please attach** a copy of a voided check (if a savings account, a letter from your bank stating your account & routing number). If changing banking information, SECTION 3 must be completed with new financial information.
- Any account changes must be reported to Ohio Shared Services thirty (30) days prior to actual change.
- Payee must keep Ohio Shared Services informed of any name, address, or bank changes in order to receive important information about benefits and remain qualified for payments.

SECTION 1

TYPE OF TRANSACTION:		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
NAME OF COMPANY OR INDIVIDUAL: <input style="width: 90%;" type="text"/>				
ADDRESS: <input style="width: 95%;" type="text"/>				
CITY STATE & ZIP: <input style="width: 95%;" type="text"/>				
PHONE: <input style="width: 30%;" type="text"/>		EMAIL: <input style="width: 60%;" type="text"/>		
FEDERAL TAX ID/SOCIAL SECURITY: <input style="width: 100%;" type="text"/>				

SECTION 2 – CURRENT FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME: <input style="width: 60%;" type="text"/>		PHONE: <input style="width: 30%;" type="text"/>	
ADDRESS: <input style="width: 95%;" type="text"/>			
TYPE OF ACCOUNT:		<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING
TRANSIT ROUTING/ABA NUMBER: <input style="width: 100%;" type="text"/>			
ACCOUNT NUMBER AT ABOVE INSTITUTION: <input style="width: 100%;" type="text"/>			

SECTION 3 – NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME: <input style="width: 60%;" type="text"/>		PHONE: <input style="width: 30%;" type="text"/>	
ADDRESS: <input style="width: 95%;" type="text"/>			
TYPE OF ACCOUNT:		<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING
TRANSIT ROUTING/ABA NUMBER: <input style="width: 100%;" type="text"/>			
ACCOUNT NUMBER AT ABOVE INSTITUTION: <input style="width: 100%;" type="text"/>			



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SECTION 4

- Whereby authorize Ohio Office of Budget and Management to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services.

SIGNATURE:

DATE:

OSS USE ONLY:

DATE RECEIVED	DATE ENTERED	INITIALS	OAKS VENDOR ID NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF STATE WARRANTS

SECTION 1

- A. Place a check-mark to indicate the type of transaction:
"Add" indicates a **new** authorization
"Change" indicates a **change** to an existing authorization
"Delete" indicates a request for **termination** of direct deposit
- B. Enter the complete name and address of the company or individual participating in the EFT program.
- C. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating. If you are a state employee, please enter your e-code number.

SECTION 2 AND SECTION 3

- A. Enter the name and address of the financial institution authorized to conduct transaction. Complete Section 2 if you are changing your banking information.
- B. Place a check-mark to indicate the type of account to which funds are to be deposited. Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT Transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

An e-mail or faxed version of this form is not acceptable as a signature is required. Forward the signed authorization form along with a copy of a voided check for a checking account or "spec sheet" from your financial institution for a savings account to:

Ohio Shared Services
ATTN: Vendor Maintenance
4310 E. Fifth Ave. Columbus, OH 43219

SUBMIT FORM TO:

Mail: Ohio Shared Services
ATTN: Vendor Maintenance
4310 E. Fifth Ave. Columbus, OH 43219

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov