



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

- To sign up for EFT, please **TYPE or PRINT** the information requested in SECTIONS 1-4. Information must be **legible**.
- **Please note:** If there is no activity on an account for 18 months, the account may be inactivated. Please contact Ohio Shared Services for assistance.
- EFT accounts are tied to an address location within our system. If you receive payments to more than one address location and you would like your payments issued as an EFT, an EFT form must be completed for each address location.
- Account changes must be reported to Ohio Shared Services thirty (30) **days prior to the effective date**. Payee must keep Ohio Shared Services informed of any name, address, or bank changes in order to receive important information regarding benefits and remain qualified for payments.

SECTION 1	
TYPE OF TRANSACTION:	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE/UPDATE <input type="checkbox"/> INACTIVATE
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: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	E-MAIL: <input style="width: 80%;" type="text"/>
FEDERAL TAX ID/SOCIAL SECURITY:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<b>Please note: This record is subject to public records requests under the laws of the State of Ohio. If you are a business entity that provides a social security number in place of a Federal Tax ID number, you are waiving any expectation to privacy and this record may be subject to disclosure.</b>	
SECTION 2 – NEW FINANCIAL INFORMATION	
FINANCIAL INSTITUTION NAME:	<input style="width: 80%;" type="text"/>
	PHONE: <input style="width: 200px;" type="text"/>
TYPE OF ACCOUNT:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING
TRANSIT ROUTING/ABA NUMBER:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
ACCOUNT NUMBER AT ABOVE INSTITUTION:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
SECTION 3 – OLD/PRIOR FINANCIAL INFORMATION – MUST BE PROVIDED TO UPDATE INFORMATION IN OUR SYSTEM	
FINANCIAL INSTITUTION NAME:	<input style="width: 80%;" type="text"/>
	PHONE: <input style="width: 200px;" type="text"/>
TRANSIT ROUTING/ABA NUMBER:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
ACCOUNT NUMBER AT ABOVE INSTITUTION:	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

### SECTION 4

- The company listed above hereby authorizes the Ohio Office of Budget and Management (OBM) to initiate credit entries to its account in the financial institution identified above. Additionally, this form provides OBM the authority to debit any erroneous credit or transfers to the account in the amount of the transfer.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services, a division of OBM.

PRINT NAME:

SIGNATURE:

DATE:

**When adding or updating information, please attach a voided check here using tape or include a bank letter signed by a bank representative.**

**NOTE:**

- The bank letter must include the Name on the Account, Routing Number, Account Number and Type of Account. This letter must be typed, not handwritten, and signed by a bank representative.
- All information on the voided check must be imprinted; this includes the name, address, account and routing numbers. This information cannot be handwritten.
- The name and address on the form and the check must match the information in our current vendor records.

**SUBMIT FORM TO:**

**Mail:** Ohio Shared Services  
Attn: Vendor Maintenance  
P.O. Box 182880 Col., OH 43218-2880

**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

**Fax:** 1 (614) 485-1052

**QUESTIONS? PLEASE CONTACT:**

**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)  
1 (614) 338-4781

**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

### SECTION 1

- Place a check mark to indicate the type of transaction:
  - "Add" indicates a **new** authorization – new bank information must be included in Section 2
  - "Change/Update" indicates a **change** to an existing authorization. New banking information must be included in Section 2 and old/prior information must be included in Section 3
  - "Inactivate" indicates a request for **termination** of direct deposit. Old bank information must be included in Section 3
- Enter the complete name and address of the company or individual participating in the EFT program.
- Enter your employer Identification number or your Social Security number if you, as an individual are participating.

### SECTION 2 (New Information)

- Please enter the new name and phone number of the financial institution authorized to conduct transactions, as it should be updated in our system.
- Please 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 or bank letter.
- Enter the account number to which the EFT Transactions are to be deposited.

### SECTION 3 (Old/Prior Information)

- Please enter the name and phone number of the previous financial institution authorized to conduct your transaction. This should be the last EFT account information that was submitted to the state and is currently in our system.
- Enter the old financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your old check or bank letter.
- Enter the old account number to which the EFT Transactions were deposited.

### SECTION 4

- Please read the bullet points in Section 4, then print your name, sign your name, and provide the date.
- If adding or updating information, attach a voided check or bank letter from your financial institution and submit with form to the address below.

<b>SUBMIT FORM TO:</b>	<b>QUESTIONS? PLEASE CONTACT:</b>
<b>Mail:</b> Ohio Shared Services Attn: Vendor Maintenance P.O. Box 182880 Cols., OH 43218-2880	<b>Phone:</b> 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781
<b>E-mail:</b> <a href="mailto:vendor@ohio.gov">vendor@ohio.gov</a>	<b>E-mail:</b> <a href="mailto:vendor@ohio.gov">vendor@ohio.gov</a>
<b>Fax:</b> 1 (614) 485-1052	