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| --- | --- |
| **Prime #:** | **Case #:** |



**Direct Deposit Enrollment Form for Client Services**

*Read instructions prior to completing.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A – Personal Information** | | | | | | | | | | |
| **New (start)**  **Change Account**  **Cancel (stop)** | | **Name:** | | | | | | | **Social Security Number:** | |
| **Email Address:** | | | | | | | **Phone Number:** | |
| **Mailing Address:** | | | | | | | | | | |
| **Is this for ICP (Independent Choices Program)?  YES  NO**  *\*Direct Deposit is required for ICP and must be a checking account.* | | | | | | | | | | |
| **Section B – Financial Institution Information** | | | | | | | | | | |
| **\*\*COPY OF PREPRINTED CHECK OR BANK VERIFICATION REQUIRED\*\*** | | | | | | | | | | |
| **Name of Bank or Credit Union:** | | | | **Account Type:**  **Checking  Savings** | | | | | | **Is this a business account?**  **Yes  No** |
| **Routing Number:** | | | | | **Account Number:** | | | | | |
| **Section C – Submission Information** | | | | | | | | | | |
| **Important! Please Read and sign before submitting**  This form is used to authorize direct deposit to a checking or savings account for all Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) programs and payment systems.   * **International transaction certification:** I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States. * **Recovery of funds deposited in error:** In the event an erroneous deposit occurs creating an overpayment, ODHS/OHA will reserve the right to debit your account accordingly.   **I certify that I have read and understand the information contained in this form.** I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder. | | | | | | | | | | |
| **Authorized Signature:** (*both written and typed name are required)* | | | | | | | | | | |
| **Written Signature:** (*we do not accept a typed signature)* | | | | | |  | **Printed Name:** | | | |
| **Date:** | | |  | | | | | | |  |
|  | | |  | | | | | | |  |
| **Office**  **Use Only** | **ICP  Client Services** | | | | | | | *Original documentation on file with ODHS* | | |
| **Agency Signature:** | | | | | | | | | **Date:** |

This form may contain your personal information. If you return the form by email, there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

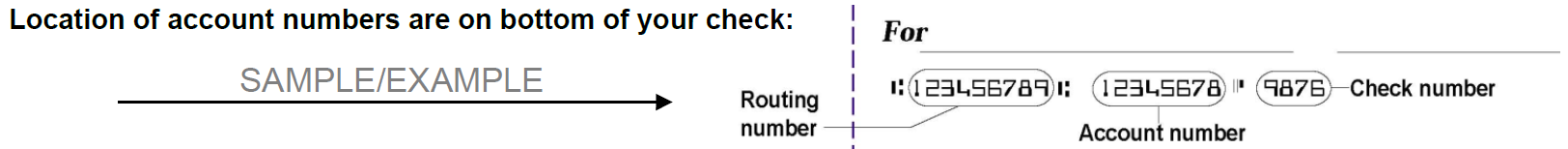
**Instructions for Authorization to enroll for Direct Deposit**

**For ICP/Client Services**

This direct deposit request form must be filled out completely. Depending on the payment cycle, it may take up to 30 days to verify your account. Failure to include all information will void this authorization and it will be returned. ***\*See required information below\****

The following information must be included for your request to be processed:

* Attach Bank Verification document. **\*Copy of voided preprinted check OR official bank verification letter.\***
  + ICP requires enrollment in direct deposit and must be a checking account.
  + Check or bank letter must be imprinted with the account holder name, address, routing number, and full account number.
  + Deposit slips, screen prints, temporary checks, emails, and bank statements are not acceptable.
* Section A – **\*Name and all contact information fields\*** Complete name and all contact information fields, including Social Security Number/Tax ID number. The SS# should be the payee’s number (who the checks are made out to).
* Section B – **\*Include full routing and account number.\*** Payee must be an authorized signer on the account. *Image below shows where to find this information on your check:*



* Section C – Signature: This form must be **\*dated and have** **both a written signature and printed name**\* of the authorized account holder (payee).

**Send form and attachments to:**

**Mail:** Department of Human Services/Oregon Health Authority

Office of Financial Services/Attn: EFT Coordinator

500 Summer St. NE, E-97

Salem, OR 97301-1080

**Fax:** 503-945-6860

**Email:** [OFS.ClientServicesDirDep@odhsoha.oregon.gov](mailto:OFS.ClientServicesDirDep@odhsoha.oregon.gov)

Email for questions or call our message line – (503) 945-6872. Include your Prime or Tax ID number and the date and how your form was submitted (mail, fax, email.)