

Birth To Three Direct Deposit Change

West Virginia State Auditor's Office/ ePayments Division - 1900 Kanawha Blvd E - Bldg 1, Rm W-121 - Charleston, WV 25305
Telephone: 1-800-500-4079 Fax: (304) 340-5084 www.wvsao.gov

*Provider Name:

*FEIN/SSN:

***REQUIRED**

*Address 1:

Address 2:

*City:

*State:

*Zip Code:

*Phone Number:

CHANGE ACCOUNT INFORMATION FROM:

*Financial Institution Name:

*Routing Number:

Checking

Saving

* Account Number:

CHANGE ACCOUNT INFORMATION TO:

*Financial Institution Name:

Routing Number:

Checking

Saving

Account Number:

***In order to process this form one of the following is required for the new account:**

Voided Check (Counter Checks are not acceptable.)

A letter from the Financial Institution (on FI letterhead) containing the account information, printed name, title and signature of the Financial Institution representative with contact information.

I (Company) hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution named above, hereinafter called Depository, and to credit the same to such account. I (Company) further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

*Authorized Signature:

*Date

*Print Name

*Title

For information regarding your direct deposit change, please contact the ePayments Division at 1-800-500-4079. For payment or billing inquires, please contact DHHR's Central Finance Office at 1-866-639-2916 ext. 1.

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.