## Birth To Three Direct Deposit Setup

West Virginia State Auditor's Office/ ePayments Division -	1900 Kanawha Blvd E	- Bldg 1, Rm W-121 - Charleston, WV 2530	)5
Telephone: 1-800-500-4079	Fax: (304) 340-5084	www.wvsao.gov	

*Provider Name:		
*FEIN/SSN:		
*Address 1:		
Address 2:		
*City:	*State: *Zip Code:	
*Phone Number:		
ACCOUNT INFORMATION		
*Financial Institution	n Name:	
*Routing Number:	Checking Saving	
*Account Number:		
*In order to proce	ess this form one of the following is required:	
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:

Please complete and return form to: WV State Auditor's Office / ePayments Division 1900 Kanawha Blvd E, Bldg 1, Rm W-121 Charleston, WV 25305

For information regarding your direct deposit setup, 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.