

Authorization Agreement for Direct Deposit

The preferred method of payment for the State of Ohio is EFT (Electronic Funds Transfer). The "Authorization Agreement for Direct Deposit of EFT Payments" (OBM-4310) is used to enroll in the EFT program and/or submit changes to the EFT information on the vendor record. Vendor Maintenance forms are available through the [Ohio Shared Services](#) website. For more information on Ohio Shared Services vendor forms, customers may inquire via our [contact us](#) page or call 614-338-4781 or 1.877.OHIOSS1 (1.877.644.6771).

- Section 1-3 must be legibly written or typed and Section 4 must be a hand-written signature.
- The received date on the Vendor Maintenance Tracker should not be more than 60 days to locate a document unless error is due to VM staff.
- Bank account verification must be provided.
 - Click [here](#) for bank account verification instructions.
 - The vendor must also submit a current voided check. Name, address, account number, and routing number must be printed on the check (cannot be handwritten) and must match the information on the Direct Deposit Form and in the system, if applicable.
 - In the case of a savings account, or no current check is available, a letter on bank letterhead, signed by a bank representative verifying account information (name on account, type of account, account and routing number) is acceptable.
 - In the case of a prepaid card, a document pre-printed from the card issuer or card issuer's website verifying account information (name on account, account and routing number) is acceptable.
 - Deposit slips, bank statements, non-bank letters, starter checks, and counter checks are not accepted as account verification.

- Account changes must be reported to Ohio Shared Services thirty (30) days prior to the effective date of the change.
- All EFT accounts are tied to an address in the Vendor Maintenance module and a form is required for each address (if needed).
- A formal bank communication that contains a bank logo, customer's name, routing number, account number and bank representative's signature will be accepted as banking verification. Some examples include, but are not limited to the following:
 - A bank letter
 - Direct Deposit Enrollment Form
 - Formal Bank Templates

Section 1: Contact Information

SECTION 1: CONTACT INFORMATION	
TAX IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN)	<input type="text"/>
Please note: We are required to obtain your Tax Identification Number pursuant to Section 6109 of the Internal Revenue Code so that we can report income paid to you to the IRS as required by law.	
NAME OF COMPANY OR INDIVIDUAL	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>
CHOOSE THE STATE AGENCY FROM WHICH YOU ARE BEING REIMBURSED	<input type="checkbox"/> DODD <input type="checkbox"/> OOD/PCA <input type="checkbox"/> LOTTERY WINNER <input type="checkbox"/> ALL OTHER
PROVIDER#	<input type="text"/>
NPI #	<input type="text"/>
ASSIGNING AUTHORITY	<input type="text"/>

- Tax Identification Number or Social Security Number** must be completed. (Must have 9 digits and match the VIF, W9, OAKS- Vendor module on the Identifying Information tab or Maintain EFT module on the Maintain EFT tab, and/or MITS - where applicable).
- Name of Company or Individual** must be completed. (Must match the VIF, W9, OAKS- Vendor module on the Identifying Information Tab or Maintain EFT module on the Maintain EFT Tab, and/or MITS - where applicable)
- Address** – a complete address must be provided. (Must match VIF, OAKS- Vendor module on the [Address tab](#), MITS, and/or bank verification - where applicable)

- Type of Transaction**
 - If "ADD" or "CHANGE/UPDATE" is not marked or incorrect (type of action and the documentation needed will be determined when reviewing MITS, the OAKS Vendor Module, or Maintain EFT module), it is not required.
 - If they no longer wish to receive EFT payments the "INACTIVATE" must be marked.
- Phone & Email Address** are not required; however, if provided will be used for notification purposes.
- Choose the state agency from which you are being reimbursed** - (DODD, OOD/PCA, Lottery Winner, All Other, Medicaid Provider) is not required. If "Medicaid Provider" is checked, the appropriate information must be listed in Section 7
- Provider, NPI, Assigning Authority** - the Provider Number, if checked in Section 6 must be 7 digits and match the name in MITS and/or OAKS-Maintain EFT module. NPI and Assigning Authority are required by the Federal Government; however, they are not needed for OSS processing.

Section 2: New Financial Information

SECTION 2: NEW FINANCIAL INFORMATION	
BANK VERIFICATION MUST BE ATTACHED	
NEW FINANCIAL INSTITUTION NAME	<input type="text"/>
ACCOUNT TYPE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
NEW ACCOUNT NUMBER	<input type="text"/>
Account Number supplied must match attached bank verification	
NEW TRANSIT ROUTING /ABA NUMBER	<input type="text"/>
Routing Number supplied must match attached bank verification	

- New Financial Institution Name** is not required, but, if provided will be reflected on banking verification provided or by the Routing Number website if ADD or CHANGE/UPDATE. This information is added or updated in the OAKS Vendor module on the Location Tab under the payables link & or in the OAKS Maintain EFT module on the Maintain EFT Tab (where applicable)
- Account Type** is not required but, if not provided, it can be determined by the banking verification provided, or by contacting the entity or the bank.
- New Account Number** must be completed and must match the bank verification. The information is added or updated in the OAKS Vendor module on the Location Tab under the payables link & or in the OAKS Maintain EFT module on the Maintain EFT Tab (where applicable)
- New Transit Routing/ABA Number** must be completed and must match the bank verification. If it does not match, it can be verified on the [Routing Number](#) website or by contacting the bank. The information is added or updated in the OAKS Vendor module on the Location Tab under the payables link and/or in the OAKS Maintain EFT module on the Maintain EFT Tab (where applicable)

Section 3: Prior Financial Information

SECTION 3: PRIOR FINANCIAL INFORMATION	
MUST BE PROVIDED TO CHANGE/UPDATE ACCOUNT	
PRIOR FINANCIAL INSTITUTION NAME	<input type="text"/>
PRIOR ACCOUNT NUMBER	<input type="text"/>
Account Number supplied must match previous Account Number on file	
PRIOR TRANSIT ROUTING /ABA NUMBER	<input type="text"/>
Routing Number supplied must match previous Routing Number on file	

- Prior Financial Institution Name** is not required.
- Prior Account Number** must be completed and must match the OAKS Vendor module on the Location Tab under the payables link OR in the OAKS Maintain EFT module on the Maintain EFT Tab. (where applicable)
- Prior Transit Routing/ABA Number** must be completed and must match the bank verification. If it does not match, it can be verified on the [Routing Number](#) website or by contacting the bank.

Section 4: Read, Sign, and Date

SECTION 4: READ THE AGREEMENT, SIGN, & DATE		
DIGITAL/TYPED AND STAMPED SIGNATURES ARE NOT ACCEPTED AT THIS TIME		
> Account changes must be reported to Ohio Shared Services (OSS) thirty (30) days prior to the effective date. > All EFT accounts are tied to an address in our system; a form is required for each address (if needed). > The entity listed 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 OSS, a division of OBM.		
<input type="checkbox"/> I have attached a copy of a current voided check or included a bank letter on bank letterhead signed by a bank representative. <input type="checkbox"/> Medicaid PROVIDERS – I have ensured the Name, Address, TIN, NPI# & Provider Number matches the information in the MITS Medicaid Web Portal. <input type="checkbox"/> I have printed and signed the form.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGN YOUR NAME HERE	PRINT YOUR NAME HERE	DATE

The form must be hand-signed. Electronic and stamped signatures are not accepted at this time.

Print Name and Date are not required.