Direct Deposit/Electronic Funds Transfer (EFT)

For CAPS Provider Billings

	s may elect to have funds deposi	direct deposit program for our providers. ited directly into their account. A detailed the following:
Provider Name- Please print name	()	CAPS Provider ID
Address Cit	y State	e Zip
I hereby authorize Utah State Departmentries to the following account.	ent of Human Services to make p	payment of any amounts due to me by credit
New Request or Change to	o current EFT information on file	e with DHS
Deposit: Checking or Savings		· · · · · · · · · · · · · · · · · · ·
Must attach <u>pre-printed</u> VOIDED ch Bank/CU on Bank/CU letterhead.	eck, <u>pre-printed</u> VOIDED savi	ings deposit slip or verification letter from
Financial Institution (Print)		<u></u>
Bank Routing Number		(9-digit number)
Account Number		
I would like to discontinue direct depos above account and have checks sent by		Discontinue
to verify the funds are available before bank charges or other damages I may in	re drawing upon them. I agree acur as a result of deposits not make agreement at any time by wri	itten notification (see Change/Discontinue
	Department of H	Iuman Services/Finance
Provider Signature	-	
	CAPS Coordinato	or
Date	Date	

Return this form with supporting documents to:

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) INSTRUCTIONS FOR CAPS PROVIDER BILLINGS

Dear Providers,

The Department of Human services provides a direct deposit option to CAPS providers.

Rather then receiving a check, providers may elect to have funds deposited directly into their account. A statement will be mailed to detail the serviced paid.

It needs to be understood that the funds transfer may normally take up to three working days. It is your responsibility to ensure funds are in your account before using them.

If you desire to have the funds transferred electronically into your checking account or savings account, please fill out the attached form. Also, you may want to verify your account number and bank routing number with your financial institution.

Questions concerning Provider Identification number should be directed to your caseworker of the regional office where provider billings are submitted.

If you choose to participate in this option, you must return a **voided check** or **voided savings deposit slip** with the attached form. This process may take six to eight weeks.

You may return this to the regional office where your provider billings are submitted or you may choose to send this form in a separate envelope to the address below.

Department Of Human Services OFO/ CAPS Coordinator 195 North 1950 West Salt Lake City, Utah 84116 Phone: (801) 538-4252