

Direct Deposit Form – SPD Provider

Use this form to start, stop or change a direct deposit authorization.

Type of action: <input type="checkbox"/> New (<i>start</i>) <input type="checkbox"/> Change account <input type="checkbox"/> Cancel (<i>stop</i>)	Provider name:	Provider number:
	Social Security number or tax ID:	Phone number:
Mailing address:		

Consult the example below or have your bank or credit union help you fill out the next section.

Bank or Credit Union information		
Name of bank or credit union:	Routing number:*	Account number:*
Account type: (<i>check one</i>) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name as it appears on the account:	Is this a business/corp. account? <input type="checkbox"/> Yes <input type="checkbox"/> No

*** Location of numbers on check:**

Routing
number

For




 Check number

Account number

Important! Please read and sign before submitting:

- **Recovery of funds deposited in error** - The state may recover funds deposited into this account in error.
- **International transaction certification** – Seniors and People with Disabilities Division will not deposit funds into an international account.

I certify that I have read and understand the information contained in this form. I authorize the DHS, through the State Treasury, to deposit payments and make overpayment debits to my account. I certify that the entire amount of the electronic deposit is **NOT** deposited into a financial institution outside the United States. I certify that I am authorized to enter into this agreement as the account holder.

Signature:	Date:
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When the form is complete:

- For checking accounts, attach an original check with the word “VOID” written on it.
- Return the original form and the voided check to: (***Do not send other correspondence to this address.***) **SPD – Direct Deposit Unit, PO Box 14960, Salem, OR 97309-5045.**
- It may take up to 30 days to process your request.

DHS use only	Branch:	Date entered:	Entered by:
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Information about Direct Deposits

Thank you for your interest in direct deposit. Here is some information you should know about direct deposit.

- Use the attached form to start a new direct deposit or to change or cancel an existing direct deposit.
 - **New** – Mark this box for new enrollment or re-enrolling after cancellation. Attach a voided check or written verification from the bank that includes the account name, routing number and account number. Send to address below.
 - **Change** – Mark this box if adding to or changing any existing information.
Note: If changing only the mailing address, section B may be left blank. However, if changing any bank information, please fill out section B.
 - **Cancel** – Mark this box to withdraw authorization for EFT/direct deposit payments.
- It takes two to three banking days to get from the DHS to the bank or credit union. Banking days are Monday – Friday, excluding holidays.
- As the account holder, you are responsible to make sure funds are received in your bank account before you make purchases. DHS will not reimburse you for overdraft charges due to insufficient funds.
- Each bank or credit union has its own schedule for processing direct deposits. You will need to check with your bank or credit union to confirm deposit of your payments.
- You may decide to cancel your direct deposit at any time. **However, you must notify SPD at least ten days prior to closing or changing your account.** You must send a written, dated and signed statement requesting that direct deposit be canceled or may use this form.
 - A copy of this form can be obtained through the local Senior or Disability Services or on the internet at:
http://dhsresources.hr.state.or.us/WORD_DOCS/DE7262H.doc
 - Emergency cancellations may be FAXED to 503-947-5357. Other direct deposit requests will **not** be accepted via FAX.
 - Send the form or statement to:
SPD – Direct Deposit Unit, PO Box 14960, Salem, OR 97309-5045.