



Provider Direct Deposit Enrollment Form For Colorado Cash Payments

Enter Provider ID Number ***REQUIRED FOR ENTRY*** *see page 2 for instructions*

^Child Care License# (CC)	^Foster/Adoptive (CW)	^CBMS EFT Number for Adult Financial Burial or Colorado Works Payments (P)
^LEAP (LE)	^CORE or CASE Services (CW)	^CBMS Nursing Home - 5 digit License Number (NH)
^Name of County Contact Person		^County Contact Phone Number

Reason for Completing Form (please select one option only)

Enroll for Direct Deposit into my personal or business bank account
 Change my Direct Deposit banking information
 Cancel Direct Deposit

Provider Information **ALL FIELDS MUST BE COMPLETED**

^Provider Name (Case Payee/Business Name)		^Social Security Number or Federal EIN
^Name of person completing this form if different from above		^Phone Number

Bank Information

Checking Account	OR	Savings Account
^Bank Name		^Account Type (check one option only)
^Bank Account Number		^Bank Transit/Routing Number

Attach a voided check or bank letter confirming account details, the document must have the account holder's name, account number and routing number printed on it. The routing number must be a 9-digit external routing number, it cannot start with a 5, this number is generally not found on a deposit slip, ask your bank for assistance if needed. See page 2 for more information.

Agreement/Signature

By signing below, I (we) authorize the Colorado Department of Human Services (CDHS), to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to the bank account indicated above, in accordance with standard banking procedures, for payments related to the Colorado Electronic Benefits Transfer (EBT) Program. This agreement is to remain in effect until the CDHS EBT Program has received written notification of its termination, in such time and manner to afford the CDHS a reasonable opportunity to act on it. It is the responsibility of the provider/business to fill out and submit a new enrollment form to the CDHS if the provider/business changes or closes the account.

^Signature	^Date
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Return The Form

Please return the completed form and account verification to the State EBT Program using one of the methods below. Please keep a copy of this form for your records.

- Email: cdhs_ebt_policy@state.co.us (preferred method)
- Fax: (303)866-4403
- Mail: CDHS/EBT Program, 1575 Sherman St., 3rd Floor, Denver, Colorado 80203



Form Guidance and Instructions

- The person completing this form should list the name of the person or business that holds the agreement with the CDHS. This would be the name on the license/contract or case
 - CCCAP - Name on your license
 - Child Welfare - Case Payee Name / Applicant 1
 - LEAP - Name on Provider Contract
 - Nursing Home - Name associated with your NPI
- If you are operating under, doing business as (dba), or would like a payment to go to a bank account that does not have the same name as above we will require additional documentation to process your enrollment or change. This could be a W-9, a document from the source system or a bank letter/voided check that displays both names.
- A provider number/ID must be added to one of the program boxes on page 1. If you are unsure of your provider number/ID, please work with your county contact to obtain that number. If you are an existing provider, your number should be listed on your remittance statements
 - CCCAP - This is your license number
 - Child Welfare - This is the provider#/ID from your payment roster document
 - LEAP this is the provider ID listed in Salesforce
 - Nursing Homes - this is the license number from the eligibility system. Work with the county to obtain this number
 - Burial/Diversion - This is the EFT number from the eligibility system. Work with the county to obtain this number
- Remittance statement, please contact your county contact regarding access to remittance statements
- You **must** include a copy of a voided check (see example below) or a bank letter with the enrollment form. This verification document must include the account holder's name, account number and the bank external routing number. The document cannot be handwritten. Please work with your bank to obtain this verification
- EBT does not determine the amount paid to you or your agency. Please review your agreement or speak to your county contact regarding payments
- Please complete the **entire form clearly** to avoid delay in payment. We are unable to process unless the form is complete
- The signature date must be within 60 days of the submission date of this form. It must also be a physical signature or electronic signature software must be used.
- Monthly ongoing payments may be released up to 5 days prior to their due date to accommodate standard ACH processing time

Voided Check Example

NAME
ADDRESS
CITY, STATE ZIP

0123
01-2345-6789

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆0 ⑆2345678⑆ 0⑆234567890⑆23⑆ 0⑆23

Routing Number Account Number

- Routing number cannot start with a five (5). The routing number must be the bank external routing number
- Account holder's name must be printed on the check and not handwritten