

**ACH FORM FOR COLORADO PROVIDERS
FOR DIRECT DEPOSIT PAYMENTS TO PROVIDERS**

I (we) hereby authorize J. P. Morgan Electronic Financial Services, Inc. (JPMorgan EFS), as designated agent for 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 below, in accordance with standard banking procedures, for payments related to the Colorado Electronic Benefits Transfer (EBT) program.

County Use Only: - PROVIDER NUMBER REQUIRED

| | | |
|---|----------------------|--|
| Child Care (CC) | Foster/Adoptive (CW) | Colo. Works, TANF, COIN (9digit) |
| LEAP (LE) | Nursing Home (NH) | CORE, CASE (CW3) |
| Name of County Staff completing this section: | | Phone of County Staff (including area code) (_____) _____ - _____ |

YOUR NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (including area code) (_____) _____ - _____

FEDERAL E.I.N. NUMBER _____ - _____ - _____

OR

SOCIAL SECURITY NUMBER _____ - _____ - _____

CHECK HERE IF THIS IS A REQUEST TO CHANGE BANKING INFO PREVIOUSLY SUBMITTED:

If a change of banking information, what is the effective date of this change: _____

TYPE OF ACCOUNT: (please check only one)

Checking (attach voided check)

Savings (attach voided deposit slip)

ACCOUNT NUMBER _____

NAME OF YOUR BANK _____

TRANSIT/ROUTING NUMBER _____

(Check with your bank to ensure that this number is correct for direct deposit)

TELEPHONE NUMBER FOR YOUR BANK (_____) - _____ - _____

This agreement is to remain in full force and effect until (JPMorgan EFS), as designated agent for CDHS, has received written notification from the vendor/provider of its termination in such time and manner to afford JPMorgan EFS a reasonable opportunity to act on it. It is the responsibility of the vendor/provider to fill out and submit a new Authorization Agreement to CDHS if the vendor/provider changes banks or accounts.

Provider Signature

Date

Please return this form to: Accounting /Child Care
Larimer County DHS
2601 Midpoint Drive, Suite 112
Fort Collins, Colorado 80525