



AUTHORIZATION AGREEMENT FOR STATE MEDICAID PAYMENTS

- To apply for EFT, change, or delete please **TYPE or PRINT** the information requested in SECTION 1 - 3. The information provided must be **legible**. SECTION 4 must be signed & dated. **Please attach** a copy of a Voided Check (if a savings account, a letter from your bank stating your account & routing number). **Please return original form to: Ohio Shared Services, ATTN: Vendor Maintenance, 4310 E. Fifth Avenue, Columbus, OH 43219.**
- Do not submit until your provider number has been assigned.
- Any account changes must be reported to Ohio Shared Services thirty (30) days prior to actual change. If changing banking information, please complete SECTION 3 with your new financial information.
- It is the **provider's responsibility** to keep the Ohio Department of Job & Family Services **AND** Ohio Shared Services informed of any bank changes in order to receive important information about benefits and to remain qualified for payments.
- Call Provider Enrollment at (800) 686-1516 for information to a change of name or address.

THE PROVIDER NAME, TAX ID NUMBER, AND PROVIDER NUMBER MUST MATCH THE INFORMATION ON FILE WITH MEDICAID OR YOUR FORM WILL BE RETURNED. IF IN DOUBT, VERIFY INFORMATION WITH PROVIDER ENROLLMENT AT (800) 686-1516.

SECTION 1

TYPE OF TRANSACTION:		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
PROVIDER NAME:				
PROVIDER MAILING ADDRESS:				
CITY STATE & ZIP:				
PHONE:		EMAIL:		
FEDERAL TAX ID OR SOCIAL SECURITY NUMBER:		ODJFS MEDICAID PROVIDER NUMBER: (MUST BE PROVIDED)		

SECTION 2 – CURRENT FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:		PHONE:																					
ADDRESS:																							
TYPE OF ACCOUNT:	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING																					
TRANSIT ROUTING/ABA NUMBER:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
PROVIDER'S ACCOUNT NUMBER AT ABOVE INSTITUTION:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						

SECTION 3 – NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:																					
ADDRESS:																					
TYPE OF ACCOUNT:	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING																				
TRANSIT ROUTING/ABA NUMBER:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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SECTION 4

- Whereby authorize Ohio Office of Budget and Management to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services.

PROVIDER SIGNATURE:

DATE:

DO NOT WRITE BELOW THIS LINE. OSS USE ONLY

DATE RECEIVED	DATE ENTERED	INITIALS
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SUBMIT FORM TO:

Mail: Ohio Shared Services
ATTN: Vendor Maintenance
4310 E. Fifth Ave. Columbus, OH 43219

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO - SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov