

DIRECT DEPOSIT/Electronic Funds Transfer (EFT)



- **EASIER ACCESS TO YOUR PAYMENTS**
- **NO MORE LOST OR STOLEN CHECKS**
- **NO MORE LONG BANK LINES**

You can get a copy of this form from the website:

<http://www.dhhs.nh.gov/dcyf/cdb/forms.htm>

WHAT IS DIRECT DEPOSIT?

Direct Deposit is also known as electronic funds transfer (EFT). You can authorize the New Hampshire Department of Health and Human Services (DHHS) to deposit your payments directly into your checking or savings account.

HOW DOES IT WORK?

DHHS electronically “tells” your bank to credit your account. In most instances, the payment will be received at your bank within two business days after DHHS sends the payment. **For each payment, be sure to verify with your bank that a deposit has been made prior to accessing funds. DHHS is not responsible for any fees you incur from your bank.**

HOW DO I SIGN UP FOR DIRECT DEPOSIT?

Complete the authorization form according to the directions and mail the original form attaching a voided check or bank printed account and routing verification to:

Department of Health and Human Services
Division for Children, Youth and Families – Provider Relations
129 Pleasant Street
Concord, NH 03301

HOW LONG DOES IT TAKE?

It can take 14 to 21 business days to process the request.

WHAT IF I HAVE MORE THAN ONE RESOURCE IDENTIFICATION NUMBER?

Indicate all Resource Identification Numbers for which you want Direct Deposit on this form.

HOW DO I KNOW WHEN DIRECT DEPOSIT BEGINS?

DHHS does not notify providers of initial approval. Be sure to check your account for a deposit from the State of New Hampshire. A Remittance Advice statement does not guarantee that a deposit has been made into your account.

WHAT DO I NEED TO DO IF I CHANGE MY EXISTING ACCOUNT CONNECTED TO DIRECT DEPOSIT OR CHANGE BANKS?

Prior to changing accounts at your bank or changing banks, you must stop Direct Deposit as explained below and re-enroll for Direct Deposit.

HOW DO I STOP DIRECT DEPOSIT? *IMPORTANT*****

You must notify DCYF – Provider Relations at (603) 271-4954 prior to notifying your bank of any changes in your account. You must complete this form and check “Close” in the space “Type of Transaction”.

The information on this form will be used to process payment from the Department of Health and Human Services to the bank and/or its agent. Failure to provide the requested information will affect the processing of this form and will delay or prevent the receipt of payments through Direct Deposit/EFT.

ACCESS TO ACCOUNT

Once the direct deposit is completed, any questions regarding access to funds are between the payee and the bank. All inquiries and liabilities regarding access to funds must be addressed to the bank. DHHS is not responsible for any fees charged to you by your bank.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the provider by written notice using this form to the Department of Health and Human Services or by death or legal incapacity of the provider. The agreement is deemed to be cancelled upon closing your bank account or when your enrollment closes.

CHANGING BANKS

The payee’s direct deposit will continue to be received by the bank until cancelled in writing using this form as provided above, or until the Department of Health and Human Services is notified by the payee to change the bank that is receiving direct deposit. In addition, the payee must complete a new copy of this form with the newly selected bank.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

State law provides a fine of not more than \$2,000 or imprisonment for not more than one (1) year or both for giving false information in connection with making a written or electronic false statement that the party does not believe to be true (NH RSA 651:2 and 641:3).

Keep a copy of this form for your records