

DHHS Office of the Controller

Return to: Attn: Accounts Payable
 Address: 2019 Mail Service Center
 Raleigh, NC 27699-2019
 Telephone: 800-278-2902
 Fax: 919-814-3516
 Email: Caprina.L.Wilson@dhhs.nc.gov



**Payment Verification Form
 (Direct Deposit)**

- New Add Request
- Change/Update Existing Account
- Inactivate Existing Account

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

Attach a copy of a voided check, bank statement, or a letter from your bank for account verification and send/fax to the location above. Please complete all fields, as required.

BEACON #, SSN #, or Federal ID #	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																	
PAYEE NAME																		
ADDRESS																		
	<small>STREET</small>						<small>SUITE/APT/ROOM #</small>											
CONTACT																		
	<small>CITY</small>						<small>STATE</small>	<small>ZIP CODE + 4</small>										
Division/Institution																		

STATE EMPLOYEE <input type="checkbox"/>	NON-STATE EMPLOYEE <input type="checkbox"/>
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NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:										
NAME ON ACCOUNT:										
ROUTING NUMBER:										
ACCOUNT NUMBER:										
ACCT TYPE: (Check one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings									
REMIT E-MAIL ADDRESS										

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:										
NAME ON ACCOUNT:										
ROUTING NUMBER:										
ACCOUNT NUMBER:										
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings									
REMIT ADDRESS:										

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

- I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.
- I authorize the DHHS Controller's Office to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.
- I have attached a copy of a **current voided check, current bank statement or included a bank letter on bank letterhead signed by a bank representative.**

SIGNATURE:	DATE:
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