



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Commissioner's Office
COA ACCREDITED AGENCY**

Andy Beshear
Governor

Eric C. Friedlander
Acting Secretary

Dear Provider:

I would like to offer you the opportunity to sign up for Direct Deposit for the checks you receive from our Cabinet. Let me explain how it works. You complete and return the attached form along with a voided check, unless you are using a saving account and then the check is not required. We will then enter the information into our TWIST system and the direct deposit becomes effective that day. There is no waiting period to start or stop your direct deposit. After your payment is made by your regional billing specialist and is processed then your deposit should be put into your account that following Friday. You will still receive your paper remittance statement in the mail which will give you the information regarding what the payment was for. If at any time, you decide you do not want the direct deposit anymore, we can turn it off immediately and you can start receiving a paper check again.

Signing up for the direct deposit is very simple. You need to complete the attached form and mail that along with a **voided check to Lisa Wise-Hodnett, 455 Park Place Ste 120 A, Lexington KY 40511**. I am sorry but we cannot accept faxed copies, it has to be the original form. Once we receive the information and enter the data, the direct deposit will start on the next payment you are due to receive.

If you have any questions or concerns, please contact Lisa Wise-Hodnett at (859) 244-2493.

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF PROVIDER PAYMENT
 (Please print or type all information)

Enter the following provider information.. Please remember to attach a voided check.

Provider Information	
Provider SSN/FEIN:	_____
Provider/Organization Name:	_____
Account Name:	_____
Street:	_____
City:	_____ State: _____ Zip: _____
Telephone #	_____ Contact: _____
Email Address:	_____

Financial Institution Information	
Bank Name:	_____
Branch:	_____
Or correspondent Bank (if applicable)	
City:	_____ State: _____ Zip: _____
Bank Routing #	_____
Account #	_____
Account Type (select one) () Checking Account () Savings Account	

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky receives written notice of cancellation from me.

Signature _____ Date _____

Name Printed _____

I, the undersigned, hereby cancel the authorization for the Commonwealth of Kentucky to originate electronic deposit entries into my checking/savings account. The cancellation is effective as soon as the State of Kentucky has reasonable opportunity to act upon it.

Signature _____ Date _____

Name Printed _____

For TWIST Use	
Received By _____ Date _____	Entered By _____ Date _____