

Electronic Funds Transfer (EFT) Authorization Agreement

Medicaid Providers must submit this form to receive payment directly into their bank account. The funds can be credited to either a checking or savings account.

When enrolling, please complete a separate Electronic Funds Transfer (EFT) Form for each Billing Provider or Tax Identification Number.

In order to enroll you must complete the following steps:

1. Complete Section 1: Provider Identifiers Information and Other Identifiers
2. Complete the ACH Vendor Payment Enrollment Form
3. Complete the Vendor Information form (new EFT/ACH applicants ONLY).
4. Complete the attached W-9 Form (new EFT/ACH applicants ONLY).

Once completed, the application should be sent directly to:

Department of Health Care Finance
Attn: Division of Public and Private Provider Services
One Judiciary Square
441 4th St., NW Suite 1000 South
Washington, DC 20001

It is the responsibility of the provider to ensure the banking information is updated, as needed. Please allow six to eight weeks to establish your direct deposit account.

To check the status of a new, changed or cancelled EFT enrollment, contact the Division of Public and Private Provider Services at 202-698-2000.

Please Note the Following when completing the EFT application:

- PO boxes are not accepted. A physical address must be used on the application.
- The business license number **MUST** be provided on the application. If the provider is not required to have a business license number, please provide the professional license number.
- Providers **MUST** register for an Ariba Network ID number and DUNS number. Please go online at supplier.ariba.com or call 1-866-772-7422 to register with Ariba. To register for a DUNS number please contact Duns and Bradstreet at 1-866-705-5711.
- The address used to register with Ariba and DUNS and Bradstreet **MUST** match the address used on the W-9 form and the EFT Authorization agreement form.

Registration with Ariba and providing a Dun & Bradstreet number are required of all providers going forward. This is because the District Government is moving toward paying all Medicaid providers using electronic payment. To make an electronic payment, the District Government must establish each Medicaid provider as a vendor in the District's accounting system.

The District's accounting system uses Ariba's systems to establish and update vendor records. Registration with Ariba is a requirement for their systems, and the Ariba systems require the Dun & Bradstreet number to use as a vendor identifier.

Additionally, once a Medicaid provider is established as a vendor in the District's accounting system, that provider may do business with other District Government agencies – not just the Medicaid agency.

Please note the District Government considers a vendor's Ariba registration information and Dun & Bradstreet number confidential, and does not share it.

Complete **ALL** sections of the form. Required fields are indicated with an asterisk (*). Please review the Electronic Funds Transfer (EFT) Authorization Form Instructions for specific field direction prior to completing this form.

| Section 1: PROVIDER IDENTIFIERS INFORMATION | | |
|---|----------------------------------|---------------------------|
| PROVIDER IDENTIFIERS | | |
| *Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): | | |
| | | |
| National Provider Identifier (NPI): | | |
| | | |
| OTHER IDENTIFIER(S) | | |
| *Assigning Authority: | | |
| Department of Health Care Finance | | |
| *Medicaid Provider ID: | *Business License Number: | *Ariba Network ID: |
| | | |
| *DUNS Number: | | |
| | | |
| *Provider Email Address: | | |
| | | |

VENDOR INFORMATION FORM

FAX OR DELIVER TO:
DIVISION OF VENDOR ENTRIES
810 FIRST STREET, NE
SUITE 200
WASHINGTON, DC 20002
FAX: (202) 442-8217

For assistance, call Division of Vendor Entries at (202) 442-8269

| | |
|------------------------------|---|
| <p>Vendor Type</p> | <p>6. (Please check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Employee <input type="checkbox"/> 2. Federal Agency <input type="checkbox"/> 3. State Agency <input type="checkbox"/> 4. Local Government <input type="checkbox"/> 5. Vendor-business <input type="checkbox"/> 6. Vendor-Individual <input type="checkbox"/> 7. Other |
| <p>Ownership Code</p> | <p>7. (Please check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. State Corporation <input type="checkbox"/> C. Professional Corporation <input type="checkbox"/> E. State Employee <input type="checkbox"/> F. Financial Institution <input type="checkbox"/> G. Government Entity <input type="checkbox"/> I. Individual Recipient <input type="checkbox"/> L. Local Small Disadvantage Business Enterprise <input type="checkbox"/> N. Medical Corporation <input type="checkbox"/> O. Out of State Corporation <input type="checkbox"/> P. Professional Association <input type="checkbox"/> R. Foreign <input type="checkbox"/> S. Sole Ownership <input type="checkbox"/> T. Partnership |

FMS FORM 710R (REV. 1/02)

| |
|---------------------------|
| For agency use only: |
| PASS-generated VM # _____ |

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

New Form

Correction/Change

Cancellation

| Vendor/Payee/Company Information | |
|----------------------------------|------------------------------------|
| Vendor Name* _____ | EIN or SSN* _____ |
| Address* _____ | |
| Vendor Contact Name* _____ | Vendor Contact Phone Number* _____ |
| Alternative Phone Number _____ | |
| *Required | |

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor
(Please type or print) _____

Signature of Authorizing Company Official for Vendor _____

Date _____

Section B

Payments should be made to the depository account named below

| Bank/Financial Institution Information (to be reviewed and signed by Vendor's Financial Institution) | |
|---|------------------------|
| Bank/Financial Institution Name _____ | Account Title _____ |
| Branch Address _____ | Phone Number _____ |
| 9-digit Transit Routing Number | Account Number |
| Bank's ACH Coordinator _____ | Telephone Number _____ |
| Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| Signature & Title of Banking Official _____ | |
| Print Name & Title _____ | |
| Notice: All vendors must have a W-9 on file with the District of Columbia | |

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

| | | |
|---|--|--|
| Print or type See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.