



Electronic Funds Transfer (EFT) Authorization Agreement

Medicaid Providers: Please **READ BOTH** this page and the next page **ENTIRELY** before completing EFT application.

- ❖ **Note:** If all steps have not been completed correctly, the approval process may be delayed or your application may be denied.

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 if they **do not** have the same Tax Identification Number. *If the Tax Identification Number is the same*, multiple Billing Providers can be listed on one application and the same application can be uploaded to each provider profile.

In order to enroll you must complete the following:

- ❖ *Provider Identifier Form*
- ❖ *Vendor Information form (new EFT/ACH applicants ONLY)*
- ❖ *Automated Clearing House (ACH) /Direct Deposit Form:*
 - *An official bank letter (dated within the last 90 days) **OR** a voided check must be attached to the ACH form*
- ❖ *Attached W-9 Form:*
 - *If you are filling out a new EFT application or are re-enrolling, **THE W-9 form MUST BE COMPLETED**. If you are **ONLY** updating your bank information, the W-9 form is not necessary*
 - *The W9 must be dated within the last 90 days; PO Boxes are not accepted*

IMPORTANT: It is the responsibility of the provider to ensure that banking information is updated, as needed. If you have a new primary bank account, please provide updated banking information at least 2 weeks before the current account closes. Special cases such as fraud, are an exception; provide updated information as soon as possible.

Please keep in mind your application must go through an approval process that consist of multiple Government Agencies. Please allow at least 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 dhcf.eftenrollment@dc.gov



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PLEASE NOTE THE FOLLOWING WHEN COMPLETING THE EFT APPLICATION:

(Failure to follow all instructions will result in a delay in the approval process or a denied application.)

- Please provide an email that is actively used, to ensure you receive verification email(s), or questions/concerns regarding your application. (Verification emails MUST be responded to within 10 days. Check all folders, junk/spam included)
- PO Boxes are not allowed on the W9, a physical address must be used. W9s must be dated within the last **90 days**. Line 1 of the W9 must have an entry.
- An official bank letter **OR** a voided check **must** be attached to the ACH form.
 - The bank letter should include the following:
 - Account Number
 - Routing Number
 - Bank official signature
 - Must be dated within the last **90 days**
 - The voided check should include the following:
 - Account Number
 - Routing Number
 - Name of the enrolling provider/business
 - VOID written across check
- **NEW PROVIDERS:**
 - Once your Medicaid enrollment is complete, a profile will be created in the accounts payable system, The District Integrated Financial System (DIFS).
 - The Remittance Email Address that is listed on Line 7 of the ACH Form will receive an email detailing the login information to access the portal.
 - Further information on how to access the portal, including Job Aids, are available at <https://cfo.dc.gov/page/supplier-portal-login-page>
- **RE-ENROLLING PROVIDERS:**
 - EFT applications can be submitted directly to your existing supplier profile in the accounts payable portal.
 - Remittance addresses and contact information can be updated in the portal as well.
 - For assistance, please contact suppliers@dc.gov or dhcf.eftenrollment@dc.gov



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Before completing this form, please be sure to read both pages 1 and 2 in their entirety.

Failure to complete all the required steps and provide all required information will result in a delay and/or denial of your application.

PROVIDER IDENTIFIER FORM

Complete ALL sections of the form. Required fields are indicated with an asterisk (*)

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
National Provider Identifier (NPI):
*Medicaid Provider ID: (if not applicable type "Pending"; if listing multiple, separate with a comma)
Business License Number/Professional License Number:
*Provider Email Address:



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VENDOR INFORMATION FORM

Tax Organization Type	<p>Please check one:</p> <ol style="list-style-type: none">1. State Corporation2. Professional Corporation3. Financial Institution4. Government Entity5. Individual Recipient6. CBE7. Medical Corporation8. Out of State Corporation9. Professional Association10. Foreign11. Sole Ownership12. Partnership13. Non-Profit14. Other15. Corporation
Supplier Type	<p>Please check one:</p> <ol style="list-style-type: none">1. Federal Agency2. State Agency3. Local Government4. Business5. Individual6. Other7. CBE



GOVERNMENT OF THE DISTRICT OF COLUMBIA
AUTOMATED CLEARING HOUSE (ACH) /DIRECT DEPOSIT
AUTHORIZATION FOR ELECTRONIC PAYMENTS TO SUPPLIERS

Type of authorization (select one only):

VALIDATE EXISTING BANK ACCOUNT: Enter all information requested below for supplier's existing bank account and submit the form. (Complete lines 1-14 and 18-21)

NEW: Enter all information requested below for a new bank account not currently on the supplier's record and submit this form. (Complete lines 1-14 and 18-21)

CHANGE/CORRECTION: Complete this form by entering changes to the financial institution, account number, or type of account; and submit the completed form. Do not close your old bank account until electronic payments are received in your new account. (Complete all lines)

CANCELLATION (Revocation): You may cancel (revoke) your prior authorization by checking this box and completing and submitting this form. (Complete lines 1-8, 15-17 and 18-21)

Please complete all sections of this Enrollment Form that are relevant to your application and attach a voided check OR a letter (dated within the last 90 days) signed by your bank Automated Clearing House (ACH) coordinator, confirming account name, account number, and ABA routing number for ACH payments. Starter checks or counter checks are NOT acceptable.

Please type or print legibly. PAYEE INFORMATION		The number below is: Social Security No.(SSN) Federal Employer No.(FEIN)	
1. Payee Name <i>(Must match DIFS profile name and voided check/bank letter.)</i>		2. SSN or FEIN (Last four digits)	
3. Mailing Address		4. City, State, ZIP Code	
5. Payee Email Address		6. Administrative Contact Name and Title	
7. Remittance Email Address (Email for Payment Details)		8. Administrative Contact Telephone Number	
NEW or EXISTING INFORMATION – Complete 9-14		OLD BANK ACCOUNT INFORMATION (For Changes) – Complete 15-17	
9. Financial Institution Name		15. Financial Institution Name	
10. ABA/Routing Number		16. ABA/Routing Number	
11. Account Number		17. Account Number for Deposit of Electronic Funds Transfer	
12. Account Type (Select one only) Checking Savings		Important: <ul style="list-style-type: none"><i>In DIFS, Supplier bank account information expires every 3 years and will automatically be deactivated on the expiration date, unless a Validate, New, or Change authorization is submitted and approved before expiration.</i><i>Payee Name (Field 1) must match the DIFS profile name (shown as Company Name) and the name on the voided check/bank letter.</i>	
13. Financial Institution Telephone Number			
14. Financial Institution Address			

I hereby certify that I am authorized to make the representations contained in this paragraph. I authorize the Office of Chief Financial Officer to register the payee for ACH payment using the information contained in this enrollment form. I agree to receive all vendor/supplier payments from the District of Columbia by electronic funds transfer according to the terms of the ACH program. I agree to return to the District of Columbia any ACH payment incorrectly disbursed to my account by the District of Columbia. I agree to hold harmless the District of Columbia and its agencies and departments for any delays or errors caused by inaccurate or outdated enrollment information or by the financial institution listed above.

18. Print or Type Name of Payee or Payee's Authorized Signatory		19. Title of Authorized Signatory	
20. Signature of Payee or Payee's Authorized Signatory (Select and use one signature method below.) E-sign, draw, or type your signature.		21. Date Print and sign hard copy. _____	

The free Adobe Acrobat Reader is recommended to complete and sign this form.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they