V082 SSPP DIRECT DEPOSIT REQUEST

Request for Direct Deposit of State Supplemental Payment Program payments:

Please Print

Recipient's full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account type: (check one)

 \_\_\_\_\_ Checking - Attach a voided check for verification

 \_\_\_\_\_ Savings - Bank Transit/ABA No \_ \_ \_ \_ \_ \_ \_ \_ \_

 Savings Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I, the undersigned, authorize the State of Kansas 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 the account. This authorization is to remain in

 force until the State of Kansas receives written notice of cancellation from me.

 I further agree that I am either the accountholder or have the

 authority of the accountholder to authorize direct deposits into the

 account indicated above.

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1. Double check that all information requested is provided.

 2. Make a copy for your records.

 3. Attach a voided check if requesting direct deposit to a checking account.

 4. Mail original and any attachments to:

 Kansas Department of Health and Environment, Division of

 Health Care Finance

 Attn: SSPP

 Room 900-N, Landon State Office Building

 900 SW Jackson St.

 Topeka, KS 66612-1220

If you have questions, call the Kansas Department of Health and

Environment, Division of Health Care Finance at (785) 296-3981.