

To ensure your request is not delayed, please carefully read, and follow the form instructions below:

Before completing a PATH (People Access To Help) & FACTS (Families and Children Tracking System) direct deposit setup or change form, the following actions are required:

- The name/address/phone number listed on the form **MUST** match what DHHR has on record. Update your information with DHHR before submitting the form to our office if you have moved, changed phone number, etc. To correct these issues please contact either your local DHHR office, caseworker, or DHHR Customer Service Center (304.558.2400).
- Make sure you are completing the correct form -
 1. PATH & FACTS Direct Deposit Setup form is used when a new provider needs to be established for direct deposit and is not an established provider in PATH/FACTS.
 2. PATH & FACTS Direct Deposit Change form is used when a provider number that is actively receiving direct deposit payments and the bank information needs to be changed.

******You MUST include your PATH & FACTS Provider Numbers when both have been assigned by the DHHR******

PROVIDER INFORMATION: (You must complete this section.)

FACTS Provider Number - The number assigned to existing providers before the conversion to the PATH system.

PATH ID Number - All providers existing before and after the conversion to the PATH system will be assigned a PATH ID.

Provider Name - The individual or provider listed on the DHHR account that is authorized to receive payment.

Address/Telephone - The address/telephone number on file with the DHHR associated with the individual or provider receiving payment.

Contact Name - The name of the person to contact about the form.

ACCOUNT INFORMATION: (You must complete this section.)

Financial Institution Name - The name of the bank.

Routing Number - The Routing Number is the 9-digit number that identifies the bank.

Account Number - The Account Number is the specific account number assigned by the bank.

Account Type - Checking or Savings account? One must be checked.

Banking Documentation - The Direct Deposit form can't be processed unless you attach one of the following:

- Voided check (counter or starter checks are not accepted). The check must have your name and address printed on it.
- Letter from the Financial Institution (on Financial Institution letterhead) listing the Account Holder, Routing and Account information, checking or savings, printed name and signature of the Financial Institution representative, their title and contact information.

Signature/Date - Before signing, review for accuracy/completeness. The form **WILL NOT** be processed if altered or changed.

- Must be signed with an ink pen. Electronic signatures are not accepted.
- Must be a current date - within the last 60 days.

Print Name/Title

- Please print the name exactly as signed on the form.
- If you are signing on behalf of a business, list your title; and if an individual, list Foster Parent, Guardian, etc.

Once the form has been completed, please submit the request along with the supporting account documentation by fax or U.S. mail as listed below. **DO NOT** send the form via email.

- FAX number: 304.340.5084
- Return via U.S. mail to:

**West Virginia State Auditor's Office/ePayments Division
1900 Kanawha Blvd. E.
Building 1, Room W-100
Charleston, WV 25305**

For any questions about payment amounts, dates, or lost/missing checks, etc., please contact the paying State Agency, DHHR. (That would be your local DHHR office, caseworker, or the DHHR Customer Service center at 304.558.2400).

For any questions regarding the set up or change of bank account information, contact the West Virginia State Auditor's Office, ePayments Division at 1-800-500-4079 or epay@wvsao.gov. **NO FORMS WILL BE ACCEPTED BY EMAIL.**



WEST VIRGINIA DEPARTMENT OF

**HUMAN
SERVICES**

PATH & FACTS

Direct Deposit Setup

PROVIDER INFORMATION

FACTS Provider Number

Existing individuals or providers before the PATH system must provide this number.

PATH ID

New and existing individuals or providers must provide this number.

Provider Name

Address 1

Address 2

The address/telephone on file with DHHR is based on the Provider Tax Identification Reporting form submitted by the individual or Provider.

City

State

Zip

Telephone

Contact Name

ACCOUNT INFORMATION

Financial Institution Name

Routing Number

Checking

Saving

Account Number

In order to process this agreement one of the following is required:

Voided Check (Counter Checks or Starter Checks are not acceptable)

A letter from the financial institution (on FI letterhead) listing the account information, printed name and signature of financial institution representative, title and contact information.

I hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution as indicated, hereinafter called Depository, and to credit the same to such account. I further authorize the State to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). The State will not be responsible for any loss that may arise solely by reason of error, mistake, omission, or fraud regarding information provided on this agreement. This agreement is to remain in full force and effect until the State has received a written notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

Authorized Signature _____

Date

Print Name

Title

For information regarding your direct deposit setup, contact the ePayments Division at 1- 800-500-4079. For payment or billing inquiries please contact your local DHHR office or *log onto the PATH Provider Portal* (<https://providerportal.wvpath.wv.gov/>)

Please return to:

West Virginia State Auditor's Office/ ePayments Division
 1900 Kanawha Blvd E, Bldg. 1, Rm. W-100, Charleston, WV 25305
 Fax Number: 304-340-5084
www.wvsao.gov