

To: Program Clients & Individual Service Providers for the following DHHS programs:

- ❖ Medically Handicapped Children's Program
- ❖ Disabled Children's Program
- ❖ Disabled Persons & Family Support
- ❖ Lifespan Respite Program

RE: Direct Deposit/Electronic Funds Transfer

The Nebraska Department of Health and Human Services (DHHS) is requesting all service providers and clients receiving payments or reimbursement from a program listed above to sign up for electronic payments by direct deposit. Please complete and sign the enclosed **State of Nebraska Substitute Form W-9 & ACH Enrollment Form** and return. Both sections (Form W-9 and ACH Enrollment) must be filled out.

Under **Substitute Form W-9**: Name, Address, City/State/Zip, Taxpayer ID or SSN, sign and date with printed name and contact phone number.

Under **ACH Enrollment**: all banking information, ****attach voided check, copy of a check OR letter from your bank** indicating routing and account numbers. **The attachment may not be hand-written.** Email address (if available) is used to notify you of a pending payment. **Your signature at the bottom (not a bank employee)** is required for direct deposit of funds. Your "title" is Provider.

****If using a reloadable debit card: Funds cannot be deposited onto a debit card without the banking information (routing number and account number). When signing up for the card, you should have received a paper containing this information. If you cannot locate this information, contact the phone number on the back of the debit card to request the required information be mailed to you and submitted with ACH enrollment form. We cannot accept a copy of your debit card.**

Direct deposit requests are submitted during the first week of each month. You will receive a paper check until your direct deposit request has been submitted and approved.

Please submit your completed form and required attachments to:

**Department of Health and Human Services
Division of Child and Family Services, Economic Assistance
Attn: Payment Reviewer
PO Box 95026
Lincoln NE 68509-5026**