

Form 7262 - Direct Deposit Enrollment for Client Services

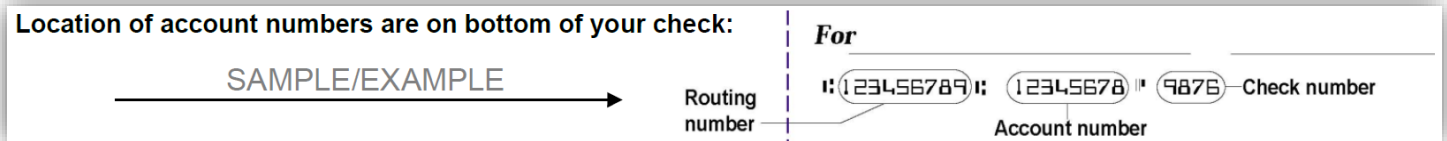
Read instructions on page 2 before completing.

Section A - Personal information	
Payee name:	
Social Security number:	
Phone number:	
Email address:	
Mailing address line 1:	
Mailing address line 2:	
Is this for ICP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ICP (Independent Choices Program) deposits must use a checking account.	
Section B - Request Purpose	
<input type="checkbox"/> New (start) <input type="checkbox"/> Change account <input type="checkbox"/> Cancel (stop)	
Section C - Financial institution information	
Name of bank/credit union:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account purpose: <input type="checkbox"/> Business <input type="checkbox"/> Personal	
Bank routing number:	
Bank account number:	
** An attached copy of a preprinted check or a bank verification is required. **	
Are you attaching this? <input type="checkbox"/> Yes <input type="checkbox"/> No (only allowed if you are cancelling deposits)	
Section D - Submission information	
<p>I certify that I have read and understand the information contained in this form. This form authorizes direct deposit to a bank account. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.</p> <ul style="list-style-type: none"> • International transaction certification: I certify that the entire amount of my direct deposit is not ultimately deposited into a financial institution outside the United States. • Recovery of federal benefits funds deposited in error: In the event an erroneous deposit occurs resulting in an overpayment, ODHS/OHA reserves the right to debit your account to recover the funds—except where prohibited by law or regulation, including applicable due process protections under federal guidelines such as 7 CFR § 273.18. 	
** Signature must be in wet ink or an Adobe certified digital ID signature. **	
Wet ink or Adobe certified digital ID signature:	
Printed name:	
Date:	
Office use only: <input type="checkbox"/> ICP <input type="checkbox"/> Client Services <i>Original on file with ODHS</i>	
Agency initials/ signature: Date processed:	

Instructions for Form 7262 - Direct Deposit Enrollment for Client Services

This direct deposit request form *must be filled out completely*. Depending on the payment cycle, it may take up to 30 days to verify your account. Failure to include all information will void this authorization and it will be returned. **The following information must be included for your request to be processed:**

- ***Copy of voided preprinted check or official bank verification letter.*** Attach Bank Verification (BV) document for all new or change requests. BV is not required to cancel.
 - **ICP requires** enrollment in direct deposit and must be a checking account.
 - Check or bank letter must be imprinted with the bank name, account holder name, address, routing number, and full account number.
 - Deposit slips, Web Portal/screen prints, temporary checks, emails, and bank statements are not acceptable.
- Section A – ***Name and all contact information fields*** Complete name and all contact information fields, including Social Security Number/Tax ID number. The SSN/Tax ID should be the payee’s number (who the benefits/checks are made out to).
- Section B – Select for a new enrollment, or to change or cancel an existing enrollment.
- Section C – ***Include full routing and account number.*** Payee must be an authorized signer on the account. *Image below shows where to find this information on your check:*



- Section D – Signature: Form must be ***dated and have a wet ink or Adobe digital certified signature and printed name*** of the authorized account holder (payee).

Send form and attachments to:

Mail: Department of Human Services/Oregon Health Authority
Office of Financial Services/Attn: EFT Coordinator
500 Summer St. NE, E-97
Salem, OR 97301-1080

Fax: 503-945-6860

Email: ofs.clientservicesdirdep@odhsaha.oregon.gov

This form may contain your personal information. If you return the form by email, there is some risk it could be intercepted by someone you did not send it to. If you are not sure how to send a secure email, consider using regular mail or fax.

Email for questions or call our message line – 503-945-6872. Include your Prime or Tax ID number and the date and how your form was submitted (mail, fax, email) in your message.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the Office of Communication Resources (OCR) at 503-378-3486. For TTY call 503-378-3523. We accept all relay calls.