

DHHS Office of the Controller

Return to: NC DDS Professional Relations
Office

Telephone: 1-800-443-9360

Email: ERE.NC@ssa.gov

Fax: 1-833-441-1045



Payment Verification Form (Direct Deposit)

- New Add Request
- Change/Update Existing Account
- Inactivate Existing Account

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks, rather than by check. In addition to having the money deposited electronically, you also will be notified of the deposit either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

Attach a copy of a voided check, bank statement, or a letter from your bank for account verification and email to the address above. Please complete all fields, as required.

BEACON #, SSN #, or
Federal ID #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PAYEE NAME

--

ADDRESS

--

STREET

--

SUITE/APT/ROOM #

--

--

--

CONTACT

CITY

STATE

ZIP CODE + 4

--

--

Division/Institution

STATE EMPLOYEE

NON-STATE EMPLOYEE

NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME:

--

NAME ON ACCOUNT:

--

ROUTING NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCT TYPE: (Check one)

Checking Savings

REMIT E-MAIL ADDRESS (required)

--

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:

--

NAME ON ACCOUNT:

--

ROUTING NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCT TYPE:

Checking Savings

REMIT ADDRESS:

--

ALL BOXES BELOW MUST BE REVIEWED AND CHECKED

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). By signing form, you are affirming that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.

I authorize the DHHS Controller's Office to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

I have attached a copy of a **current** voided check, current bank statement or included a bank letter on bank letterhead signed by a bank representative.

SIGNATURE:

DATE:

--

--