



Provider Direct Deposit Enrollment Form For Colorado Cash Assistance Benefits

PROVIDER NUMBER REQUIRED FOR ENTRY (if you are unsure of your provider number please reach out to your local county office)		
Child Care (CC)	Foster/Adoptive (CW) (5+ digits)	CBMS CW/TANF & AF-Burial (9 digit EFT Number)
LEAP (LE)	CORE, CASE (CW3) (5+ digits)	CBMS Nursing Home (NH) (5+ digits)
Name of person completing this section:		Phone (include area code) (____) _____ - _____

I am completing this form to: (please check one option only)

- Enroll in ACH Direct Deposit into my personal bank account
- Change my Direct Deposit banking information or Cancel Direct Deposit

I (we) hereby authorize Colorado Department of Human Services (CDHS), to initiate credit entries, and if necessary, reverse any incorrect EFT credit entries made in error to the bank account indicated below, in accordance with standard banking procedures, for payments related to the Colorado Electronic Benefit Transfer (EBT) Programs.

Provider Name (or Business Name) _____

Address _____ City _____ State _____ Zip _____

Phone Number (including area code) (____) _____ - _____

Federal E.I.N. Number _____ - _____

OR

Social Security Number _____ - _____ - _____

Bank Account Information (please check one option only): Checking Account or Savings Account

Bank Account Number _____

Bank Name _____ City _____ State _____ Zip _____

Bank Routing Number (9-digit) _____

(Check with your bank to ensure that this number is correct for direct deposit)

This agreement is to remain in effect until CDHS, has received written notification of its termination in such time and manner to afford CDHS a reasonable opportunity to act on it. It is the responsibility of the vendor/provider to fill out and submit a new Authorization Agreement to CDHS if the vendor/provider changes or closes the account.

Provider/Vendor Signature

Date

Please return the completed form and voided check or bank letter to the State EBT Program using one of the methods below to begin receiving payments by direct deposit. Please keep a copy of this form for your records.

- Email: cdhs_ebt_policy@state.co.us (preferred method)
- Fax: (303)866-4403
- Mail: CDHS/EBT Program, 1575 Sherman St., 3rd Floor, Denver, Colorado 80203