www.BCW-BIBS.com

DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM

Complete this form to receive payments electronically.

The Georgia Babies Can't Wait (BCW) program provides a safe, easy, and trouble-free way for you to receive your payments.* Direct Deposit places your payments electronically into your checking account instead of having to wait to receive your check by mail.

Authorization/Change

I hereby authorize the Georgia Babies Can't Wait – Central Finance Office, hereinafter called BCW–CFO, to initiate credit entries, and debit entries for any erroneous credit, to the following bank account (checking accounts only).**

Agency/ Independent Provider/Self-Employed Information:

Agency/Provider Name_____ FEIN/Tax ID/SSN#_____

Address_____

City_____ State_____ Zip_____

Phone Number ( ) _____-_____ EXT_____

Financial Institution Name_____

Financial Institution Address_____

Financial Institution Phone Number ( ) _____-_____ EXT_____

Account Information Attach a voided or canceled check (checking accounts only). A copy is acceptable.

Name on Account_____

Routing Number									

Account Number																

This authority is to remain in full force until BCW–CFO has received notification from me of its termination in such time and in such manner as to afford BCW–CFO and Depository a reasonable opportunity to act on it.

Furthermore, it is agreed this agreement can be terminated by BCW–CFO with reasonable notification to the party.

Authorized Name_____

Signature_____ Date _____

Please return completed form and documentation via one of the following methods:

Central Finance Office
Attn: Provider Enrollment, CSC
P.O. Box 29134
Shawnee Mission, KS 66201-9370
Fax (913)888-6683
E-mail-gaeienroll@csc.com

For CFO Use Only	Date Received	Date Entered	Entered by	Test Complete Date

*If you elect to receive payments electronically, all funds must be designated to **one** account.

**Negative balances at month end will not be debited from your checking account. Negative amounts are deducted from future payments.