Missouri First Steps
Electronic Funds Transfer (EFT)/
Direct Deposit Authorization/Change Request

Missouri First Steps provides a safe, easy, and trouble-free way for providers to receive payments.* Direct Deposit delivers payments electronically into the provider's checking account instead of having to wait to receive a check by mail.

Payee Information – Please Print

Payee Name: _____

FEIN/Social Security: _____

Payee Address: _____

City: _____ State: _____ Zip: _____

Payee Telephone Number: (_____) _____ - _____

Financial Institution Name: _____

Account Information - Attach a voided or canceled check. A copy is acceptable.

Name on Account: _____

Routing Number									

Account Number																	

Authorization/Change: I hereby authorize Missouri First Steps and its designee, the Central Finance Office (CFO), to initiate credit entries, and debit entries for any erroneous credit, to the following bank account (checking account only).** This authority is to remain in full force until First Steps/CFO has received notification from me of its termination in such time and in such manner as to afford First Steps/CFO and Depository a reasonable opportunity to act on it. Furthermore, it is agreed that this authorization can be terminated by First Steps/CFO with reasonable notification to the party.

Authorized Name (Printed):_____

Signature:_____ Date: _____

Please Return Completed Form and Documentation to:
Provider Enrollment/CSC Attn: Missouri Provider Enrollment
PO Box 29134
Shawnee Mission, KS 66201-9134

* 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. The negative amount will be required to be returned to the First Steps program.

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

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