

North Carolina Department of Health and Human Services – Office of the Controller



Payment Verification Form

Telephone: 919-527-6139

Fax: **919-715-4829**

Return to: DHHS Controller's Office
Attn: **Rosalyn Sparkman**
2019 Mail Service Center
Raleigh, NC 27699-2019

Dear Sir/Madame:

For your convenience and benefit, the State of North Carolina requires payees future payments to be made electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you will also be notified of the deposit electronically, either by fax or by email. The fax or email will provide you with all the information that would normally be on your check stub.

- **Write the word "VOID" in big letters across a blank check from your banking institution. Attach the check to the bottom of this page.**
- **Complete the information below. PLEASE PRINT. Mail or fax this form to the Controller's Office.**

Agreement # _____

Payee Name (Institution Name) _____

Federal ID# _____

Bank Name _____

Bank Routing Number _____

What type of account is this? Select one: Checking or Savings Account

() Checking Account Number _____

() Savings Account _____

How would you like to receive your payment notification? Select one: Fax or Email.

() Fax Number (____) ____ - _____

() Email _____

Signature of Authorized Signer _____ Date _____

Title _____

Division/Institution: DPH / Women & Children / Nutrition Services / 2BCN

- () **CANCEL DIRECT DEPOSIT.** Enter address where checks are to be mailed to.

Address: _____

ATTACH VOIDED CHECK