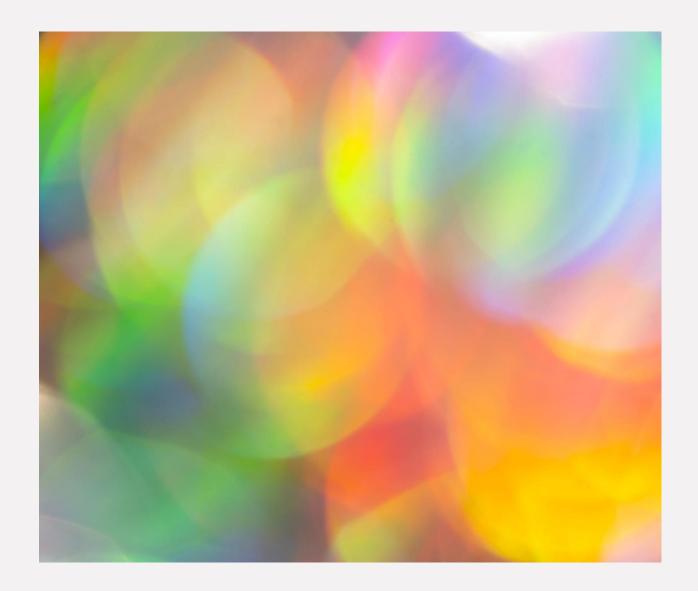
Setting Up Payment



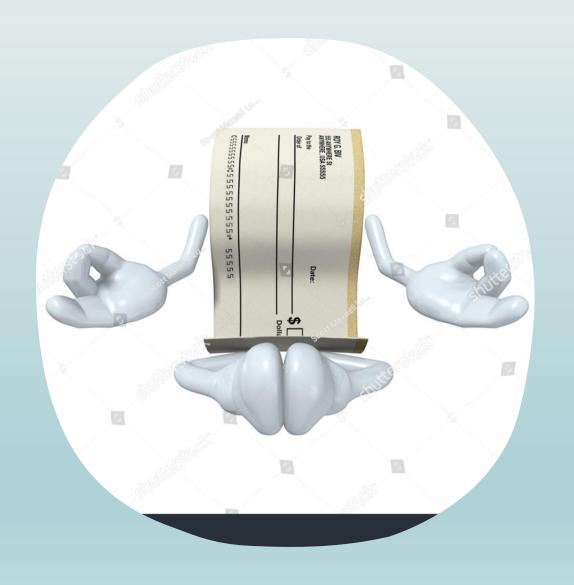
A how-to Presentation: Direct Deposit

1/5/2024 SAMPLE FOOTER TEXT

What We Will Cover In This Presentation:

- Benefits of Direct Deposit
- Forms that you will need to complete and where you can get them
- Steps for setting up direct deposit:
- The how and the where in completing the DCYF Provider Registration and the Direct Deposit Authorization forms
- Manual vs. Electronic document submissions
- Who to contact for additional support

TING UP DIRECT DEPOSIT



Note!

- DCYF highly recommends setting up Direct
 Deposit to streamline payments. With Direct
 Deposit you do not need to wait for paper
 checks to be sent through the mail.
- Special note: it takes about 4 to 6 weeks to process all your forms and fully complete the Direct Deposit process.

1/5/2024 SETTING UP DIRECT DEPOSIT

You May Already Have Direct Deposit Setup!!

- If you receive direct deposit for
 - Adoptions Support
 - Mileage Payments
 - Childcare Payments
 - Respite payments

You already have direct deposit set up and you do not need to set it up again!

SETTING UP DIRECT DEPOSIT

You Need Two Forms to Sign-up for Direct Deposit.

Provider Registration

AND

Direct Deposit Authorization

Both forms must be completed and submitted at the same time.

Where to get the Forms?

There are TWO places you can get the Forms

You can access the forms on OFM site (will need to scroll down)

Statewide Vendor/Payee Services | Office of Financial Management
(wa.gov)

** You will either select the "DocuSign" documents or the PDF documents. More information on this on slide 9.

OR

The DCYF SSPS care provider site https://www.dcyf.wa.gov/services/ssps/direct-deposit

OFM Website

DCYF and SSPS provider registration forms

To submit the updated form, choose one of the following options:

DocuSign™: Fill electronically with a digital signature via DocuSign™.

- DCYF Provider Registration form (DocuSign™)
- DCYF Provider Change form (DocuSign™)
- DCYF Direct Deposit Authorization form (DocuSign™)

Unfinished/unsigned forms will be voided on the next business day. For guidance see: **Submitting forms with DocuSign™**

PDF: For download and complete manually.

- DCYF Provider Registration form (PDF)
- DCYF Provider Change form (PDF)
- DCYF Direct Deposit Authorization form (PDF)

Sign with a pen (a "wet signature"). We are unable to accept stamped, inserted, or electronic signatures via this method.

SSPS Website

Direct Deposit

We believe you will find Direct Deposit/Electronic Funds Transfer to be secure and convenient. By using this program, you will know that funds are safely deposited into your bank account even when you are not able to go to your bank. Also, Direct Deposit results in savings to the State of Washington and all its citizens. Thank you!

Registration and Change Forms

For new direct deposit accounts, first complete the Provider Registration (W9) form and Direct Deposit Authorization form electronically, then print, sign and mail/email/upload to the SSPS Portal or fax the forms to:

DCYF

Provider Registration form

- You must provide your DBA
 or business name IF you have
 one, otherwise you can skip this item (
 most will skip this)
- In Part B section 3 of the <u>form</u>, foster parents should check the box for 'individual'.
- You must SIGN the form with an electronic signature or print and sign

** Additional Information on electronic vs hand signature on Slide 9.



	etails		
Mailing Address:			
City:	State:		Zip code:
Contact Person:	The state of	2 2	
mail Address:			
SPS # (if known):	Merit Provider # (if known):	Merit Stars 4	# (if known):
PART B - Provider R	egistration		
Request for Taxpaye	er Identification Number and Cer	rtification - Substitute Fo	orm W-9
L Legal Name (as shown o	in your income tax return):		
LBusiness Name, if differe	ent from Legal Name above – e.g., Doing B	Business As (DBA) Name:	
. Check ONLY ONE box:			
SN or FIN:	EIN or	nlve:	
Individual/Sole Proprier		rporation (Including S-Corp.	Local Government
SN only:	LLC LLC	S-Corp and LLC-Corp)	State Government
Lived Experience - Class	s 1 Pa	rtnership (Includes LLC)	Federal Government (including Triba
Volunteer		n-Profit Organization	Trust/Estate
Board/Committee men	nber Ta	x Exempt Organization	
	2031 DECEMBER		
4. For Corporation or Parts	nership ONLY, check one box below if appl	icable:	
For Corporation or Parti	nership ONLY, check one box below if appl Attorney/Legal	icable:	
Medical			
Medical	Attorney/Legal		
Medical 5. Legal Address (number :	Attorney/Legal		
Medical 5. Legal Address (number:	Attorney/Legal street and apt or suite no) This should be t		
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Medical Legal Address (number : City, State, Zip: Tax Identification Numb For individuals, this is ye For other entities, this is nter your EIN or SSN (do N Certification The number shown o I am not subject to be internal Revenue Ser IRS has notified me ti	Attorney/Legal street and apt or suite no) This should be to the control of the c	he address on file with the IRS:	r (b) I have not been notified by the to report all interest or dividends, or (c) th
Medical 5. Legal Address (number : 5. City, State, Zip: 7. Tax Identification Numb For individuals, this is ye For other entities, this is inter your EIN or SSN (do Note that the number shown o I am not subject to be internal Revenue Ser IRS has notified me till. I am a U.S. person, in	Attorney/Legal street and apt or suite no) This should be to the control of the c	ication number (or I am waiting apt from backup withholding, on holding, and holding, and he W-9 instructions to be found	r (b) I have not been notified by the to report all interest or dividends, or (c) the lat www.irs.gov), and
Medical S. Legal Address (number : 6. City, State, Zip: 7. Tax Identification Numb For individuals, this is ye For other entities, this is Enter your EIN or SSN (do Note that the number shown or III. I am not subject to be internal Revenue Ser IRS has notified me to III. I am a U.S. person, in IV. The FATCA code(s) er Certification instructions:	Attorney/Legal street and apt or suite no) This should be to the control of the c	ication number (or I am waiting apt from backup withholding, on holding as a result of a failure holding, and he W-9 instructions to be found to am exempt from FATCA reponded by the IRS that you are currently	(b) I have not been notified by the to report all interest or dividends, or (c) the lat www.irs.gov), and rting is correct. y subject to backup withholding because you have

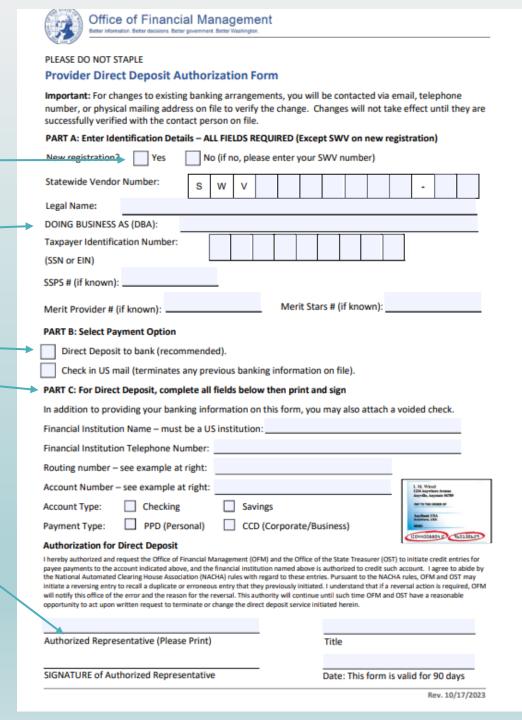
1/5/2024

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures

Direct Deposit Authorization Form

- Check the YES box for "New Registration" and then skip the Statewide Vendor Number item as this will be assigned
- You must provide your DBA or business name IF you have one, otherwise you can skip this item (most will skip this)
- Check the "Direct Deposit" box and fill in the banking information in Part C
- You must SIGN the form with an electronic signature or print and sign

** Additional Information on electronic vs hand signature on Slide 9.



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Electronic or Manual, that is the question:

<u>Electronic Signatures – DocuSign</u>

Only available through the OFM Documents.

https://ofm.wa.gov/itsystems/accountingsystems/statewide-vendorpayeeservices

- Will not need to print out forms, hand sign, scan and email.
- Will need to validate your email address.

** Instructions for DocuSign on Side 10

Hand Signature

Available through the OFM Documents AND DCYF's SSPS care provider site.

https://www.dcyf.wa.gov/services/ssps/direct-deposit

 Will need to print out forms, hand sign, scan and save as a PDF, and email to ProviderFileUnit@dshs.wa.gov

OR

Print, sign and mail a copy. to DCYF,
 PO Box 45812, Olympia, WA 98504

If you get your forms from the OFM site, you must select the PDF forms and not the DocuSign forms.

DCYF and SSPS provider registration forms

To submit the updated form, choose one of the following options

DocuSign™: Fill electronically with a digital signature via DocuSign™.

- DCYF Provider Registration form (DocuSign™)
- DCYF Provider Change form (DocuSign™)
- DCYF Direct Deposit Authorization form (DocuSign™)

Unfinished/unsigned forms will be voided on the next business day For guidance see:

Submitting forms with DocuSign™

PDF: For download and complete manually.

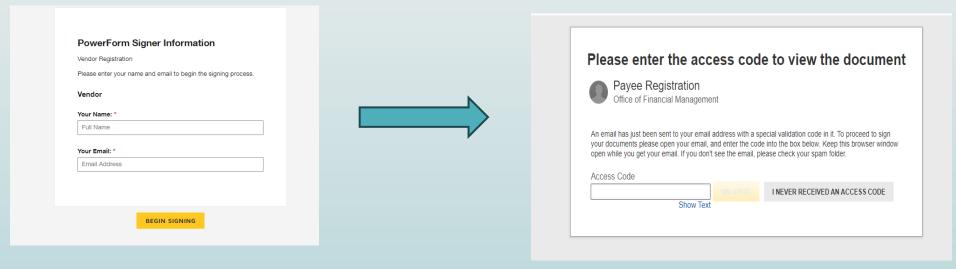
- DCYF Provider Registration form (PDF)
- DCYF Provider Change form (PDF)
- DCYF Direct Deposit
 Authorization form (PDF)

Sign with a pen (a "wet signature"). We are unable to accept stamped, inserted, or electronic signatures via this method.

1/5/2024 SETTING UP DIRECT DEPOSIT 9

Electronic Procedure/DocuSign Instructions - Only available on the OFM site

• To complete electronic submissions via DocuSign on the OFM site, you MUST first validate your email address with an access code.

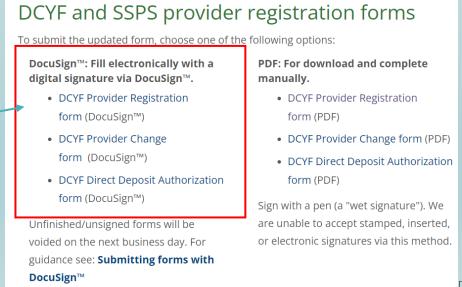


More thorough DocuSign instructions can be found here:

SubmitVendorFormsWithDocuSign.docx (live.com)

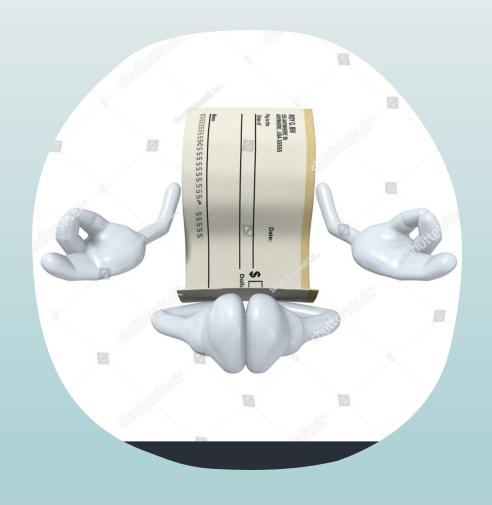
You must complete and submit 2 forms to set up direct deposit: DCYF Direct Deposit Authorization form and DYCF Provider Registration form.

You must scroll down on the OFM page to the "DCYF and SSPS provider registration forms" section to access the correct forms.



What's Next?

- Once you have submitted your two completed and signed forms vis email, mail or electronically via DocuSign...
- It takes about 4 to 6 weeks to process all your forms and fully complete the Direct Deposit process. You will likely receive one more reimbursement that is not direct deposit after you submit your forms.
- You will be notified that your direct deposit is set up.



Need more assistance?

- https://youtu.be/-tibBwdDDkc
- https://www.youtube.com/watch?v=8X56bqYC0CE
- https://youtu.be/NTKfl6JYJ31
- https://youtu.be/CAlRJobp4iw

Check status of your direct deposit:

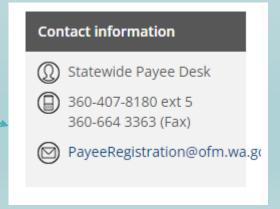
SSPS Customer Service (360) 664-6161

or

DSHS_SSPSMail@dshs.wa.gov

• Special note: it takes about 4 to 6 weeks to process all your forms and fully complete the Direct Deposit process.

Or contact:
Office of Financial
Management



Patience!

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