



Direct Deposit Instructions

To establish your organization as an EFT/835 vendor, please carefully follow these steps to complete the Direct Deposit Authorization form:

Step 1:

Decide how many bank accounts you would like to have set up for direct deposit for your organization and fill out a separate Direct Deposit Authorization form for each bank account.

Step 2:

All forms submitted must contain original signatures and must be signed in ink by a signer on the account into which UCare will be depositing funds.

- A. Business Name and Mailing Address – Check the box titled “New Vendor” and fill-in the general address to be used for administrative purposes.
- B. Business Contact Information – Identify who we should contact with questions related to the form.
- C. Tax Identification – Required (do not leave blank). Make sure to enter the Federal ID Name **EXACTLY** as it appears on your SS-4 (Corporate) or Social Security Card (Individual).
- D. Payee Numbers/Names to be Included – Include all payees with the same TIN as appears in box “C” that will also be using the bank account indicated in box “E”. If there are different TINs and/or bank accounts, a separate DDA form must be used.
- E. Financial Institution Information – Identify the financial institution and account to receive the EFT payments.
- F. National Provider Identifier Number.
- G. Clearinghouse used.

Step 3:

Please return the **original** Direct Deposit Authorization Form to:

UCare, Attention: Sandy Skarda, P.O. Box 52, Minneapolis, MN 55440-0052.

Please allow a **minimum of 30 days** for processing. You will be notified in advance of the date when the electronic remits and payment process will begin.

Questions about the completion of this form can be directed to Sandy Skarda via e-mail at: sskarda@ucare.org.