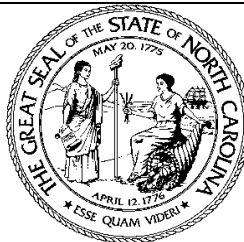


**North Carolina Department of Health and Human Services – Office of the Controller**



**Payment Verification Form**

**Return to: DHHS Controller's Office  
Attn: Laketha Miller  
Address 2019 Mail Service Center  
Raleigh, NC 27699-2019**

**FAX: 919-715-5847**

Dear Sir/Madam:

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 also will be notified of the deposit electronically, either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub.

**NOTE: For CACFP/SFSP sponsors, this form cannot be submitted until you receive your Agreement # and official approval letter from NC DHHS – Special Nutrition Program letting you know you have been accepted into the program.**

- **ATTACH A VOIDED CHECK, PRINT THE INFORMATION BELOW and SEND or FAX to the above location.**

Payee Name \_\_\_\_\_

Federal ID # / Social Security # \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank routing number \_\_\_\_\_

( ) Checking account # \_\_\_\_\_

( ) Savings account # \_\_\_\_\_

- FAX or e-mail address for payment notification. (Place a check in front of the method of notification you prefer.)

( ) FAX # ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Or

( ) E-mail address \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

(ATTACH VOIDED CHECK)