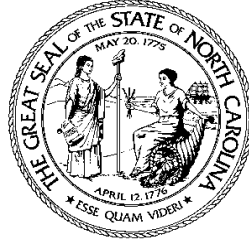


North Carolina Department of Health and Human Services – Office of the Controller



Payment Verification Form

Telephone: 919-715-8985

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

FAX: 919-715-4829

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. **Do not send to the controller's office until you have an agreement number.**

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

Payee Name _____ Agreement Number: _____

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)