

STATE OF ARIZONA ACH AUTHORIZATION FORM INSTRUCTIONS

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL BE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES.
SUBMIT COMPLETED FORM TO THE GENERAL ACCOUNTING OFFICE FOR REVIEW AND SETUP.**

SUBMIT COMPLETED FORM TO:

DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE
ATTN: VENDOR SETUP
100 N 15TH AVE, STE 302 PHOENIX, AZ 85007

For **AHCCCS Medicaid Providers only** use the following link to self-register EFT/ACH information:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html>

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| Part 1 - Request Type: Select one. |
| Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 3. |
| Part 3 - Legal Name, Address, and Contact Information: Complete all information. |
| Part 4 - Change Information (Change Request Only): Check all boxes that correspond to the account information being changed. |
| Part 5 - Authorization: List at least one authorized signer and up to two additional authorized signers. Only an authorized signer is able to authorize new setup and changes. |
| Part 6 - Financial Information: Complete all information. Address is optional. |
| Part 7 - General Accounting Office Use Only: Do not complete. |