

Grant Award Payment

- My facility has applied or already has PHMC Direct Deposit**
- Update my information on PHMC Direct Deposit Database** (fill out PHMC Direct Deposit Agreement Form and send an updated voided check)
- Enroll my facility now for PHMC Direct Deposit** (fill out PHMC Direct Deposit Agreement Form and send a voided check)

PHMC DIRECT DEPOSIT AGREEMENT

Please Complete All Fields

I hereby authorize Public Health Management Corporation (PHMC) to transfer payment amounts as scheduled from our Agreement and to initiate (if necessary) debit entries and adjustments for any credit made in error to the account, using the ACH system.

Bank Name: _____

Bank Address: _____

Type of depositor account _____

Title on account _____

Bank account number: _____

ABA routing number _____

We agree that this authorization will remain in effect until we provide written notification to PHMC terminating this service. We understand that it is our responsibility to notify PHMC of a change of the account information and authorized personnel. We further understand that PHMC may terminate this service at any time, in its discretion and that, if it does so, it will notify us of the termination.

Authorized signature (check signer) Date

Print name

Title and e-mail address

Institution Officer(s) to notify when deposits or debits are processed

Name/Title: _____

PLEASE PRINT

Phone and e-mail address: _____

Name/Title: _____

PLEASE PRINT

Phone and e-mail address: _____

For security purposes, please attach a voided photocopy of a check from the designated account. For savings accounts without checks, attach a photocopy of a deposit ticket. Verify that the correct ABA routing number is included above. Contact Erika Rooney at (267) 773-4405 with any questions.