

New York Traumatic Brain Injury (TBI) and Nursing Home Transition and Diversion (NHTD)

Payment Change Form

Payee Name and ID Number	Tax Identification Number

Payment Information
 (If a payment selection is not checked, then NY-TBI/NHTD will automatically send payments by paper check)

Payment Selection: (check only one box) Direct Deposit Paper Check

Direct Deposit

Account Type: (check only one box) Checking Account Savings Account

Account Information

Direct Deposit can be cancelled by calling or emailing customer service. If you are changing your bank account information, this form must be submitted.

Banking Institution Name	
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Routing Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Authorization

I authorize NY-TBI/NHTD, through Public Partnerships LLC to deposit my payment directly into my account using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize NY-TBI/NHTD, through Public Partnerships LLC to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize NY-TBI/NHTD, through Public Partnerships LLC to withhold any payment owed to me until the erroneous deposited amounts are repaid. If I decide to cancel direct deposit, I will contact Public Partnerships LLC customer service and provide both the account and routing numbers of my account.

Payee Signature _____ Date _____