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MO HEALTHNET DIVISION  
P.O. BOX 6500 • JEFFERSON CITY, MO 65102-6500  
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## NOTICE OF DIRECT DEPOSIT OPTION

The Health Insurance Premium Payment (HIPP) program provides you the option of reimbursement for health insurance premiums through direct deposit. By completing and mailing the enclosed application, you may be able to receive reimbursement directly into your checking or savings account.

Some advantages of direct deposit include:

- Reimbursements being deposited into your account on the check issue date instead of waiting for mail delivery.
- Direct deposit will prevent reimbursements being lost or stolen in the mail.

Once you have submitted the enclosed form for direct deposit, it will take approximately ten (10) working days to verify your bank account. Direct deposit will be initiated after a properly completed application is approved by the MO HealthNet Division and the successful processing of a test transaction through the banking system. Any payment made prior to completion of the set-up process will be by check mailed directly to you.

If you have any questions regarding direct deposit, you may call the HIPP program at (573)751-2005.

Interpretive services are available by calling the Participant Services Unit at 1-800-392-2161.  
Prevodilačke usluge su dostupne pozivom odjela koji učestvuje u ovom servisu na broj 1-800-392-2161.  
Servicios Intreprative están disponibles llamando a la unidad de servicios de los participantes al 1-800-392-2161.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED 1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

*An Equal Opportunity Employer, services provided on a nondiscriminatory basis.*



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION  
 HEALTH INSURANCE PREMIUM PAYMENT PROGRAM  
**DIRECT DEPOSIT APPLICATION (EMPLOYER OR INSURANCE COMPANY)**

PLEASE TYPE OR PRINT IN BLACK INK

SEE INSTRUCTIONS ON PAGE 2

**SECTION A**

TYPE OF ACTION  
 NEW APPLICANT OR RE-ENROLLMENT       CANCEL       CHANGE

NAME OF ORGANIZATION \_\_\_\_\_ TELEPHONE NUMBER (INCLUDING AREA CODE) \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_ DEPARTMENT OR CONTACT NUMBER \_\_\_\_\_

**SECTION B (COMPLETE THIS SECTION IF A NEW, RE-ENROLLMENT OR CHANGE IS REQUESTED)**

**(A VOIDED CHECK SHOWING THE ROUTING AND ACCOUNT NUMBERS MUST BE ATTACHED)**

ROUTING NUMBER \_\_\_\_\_ DEPOSITOR ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT (MUST CHECK ONE)  
 CHECKING       SAVINGS

FINANCIAL INSTITUTION NAME \_\_\_\_\_ BRANCH NUMBER OR NAME (IF APPLICABLE) \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_ TELEPHONE NUMBER (INCLUDING AREA CODE) \_\_\_\_\_

**SECTION C**

**I wish to participate in Direct Deposit and in doing so:**

- I understand that in endorsing or depositing checks that payment will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State laws.
- I hereby authorize the State of Missouri to initiate credit entries (deposits) and to initiate, if necessary debit entries (withdrawals) or adjustments for any **credit entries made in error** to the account designated above.
- I understand that the State of Missouri may terminate my enrollment in the Direct Deposit program if the State is legally obligated to withhold part or all payments for any reason.
- I understand that this document shall not constitute an amendment or assignment, of any nature whatsoever, of any contract, purchase order or obligation that I may have with an agency of the State of Missouri.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE NUMBER (INCLUDING AREA CODE) \_\_\_\_\_

RETURN THIS FORM AND VOIDED CHECK TO:  
 IF ANY QUESTIONS CALL 573-751-2005

**MUST BE SUBMITTED BY MAIL**  
 MO HealthNet Division  
 COST RECOVERY UNIT, ATTN: HIPP  
 P.O. BOX 6500  
 JEFFERSON CITY, MO 65102

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DIRECT DEPOSIT**

**SECTION A (ALL APPLICANTS MUST COMPLETE THIS SECTION)**

Check the appropriate box for the type of action and complete the section with the organization's identification. If canceling direct deposit, go to Section C, complete with signature, date, and phone number. Then return form to the address listed on Page 1.

**SECTION B (THIS SECTION MUST BE COMPLETE FOR NEW APPLICANTS OR RE-ENROLLMENTS AND ANY CHANGES TO YOUR DIRECT DEPOSIT INFORMATION)**

1. **Routing Number** – Enter your financial institution's routing number as printed on the bottom left portion of your business checks or deposit tickets (the first 9 digits). See Examples 1 and 2 below.
2. **Depositor Account Number** – Enter depositor account number as printed on the bottom of business checks following the routing number. It may be the first series of digits after the routing number followed by your check number (example 1) or it may be the series of digits which follow your check number (example 2). NOTE: The check number is not included in the depositor account number.

**EXAMPLE 1**

FINANCIAL INSTITUTION ADDRESS		CHECK NO. 4444
PAY TO THE ORDER OF _____		
121456789	8765432109812	4444

ROUTING NUMBER      DEPOSITOR ACCT. NUMBER      CHECK NUMBER

**EXAMPLE 2**

FINANCIAL INSTITUTION ADDRESS		CHECK NO. 4444
PAY TO THE ORDER OF _____		
121456789	4444	8765432109812

ROUTING NUMBER      CHECK NUMBER      DEPOSITOR ACCT. NUMBER

Credit Unions and Savings and Loan Associations may differ from the above examples. Please VERIFY your DEPOSITOR ACCOUNT NUMBER and ELECTRONIC ROUTING NUMBER with your financial institution.

**SECTION C**

Read this section carefully, the form should be signed by the person with fiscal responsibility and return this form with your **ORIGINAL SIGNATURE** to the address listed on Page 1.

**OTHER**

1. Attach a **VOIDED CHECK** to the front of the form within the Section B. This is necessary to verify your depositor account number, routing number and financial institution.
2. Direct deposit will be initiated after a properly completed application form is approved by the MO HealthNet Division and the successful processing of a test transaction through the banking system.
3. This form **MUST** be used to change any financial institution information **OR** to cancel your election to participate.
4. The MO HealthNet Division will terminate or suspend the direct option for administrative or legal actions, including, but not limited to, ownership change, duly executed liens or levies, legal judgements, notice of bankruptcy, administrative sanctions for the purpose of ensuring program compliance, and closure or abandonment of account.
5. If any information completed on this form cannot be verified from the attachments or the form is completed incorrectly, the form(s) will be returned without being processed for direct deposit.