

EXHIBIT A

VIRGINIA ECC SETTLEMENT AND AUTHORIZATION FORM

Vendor ID #:		Date:
Full Legal Business Name: _		
institution, Wells Fargo, and th	e financial institution listed below to dep	a Department of Social Services (VDSS) and its designated financial posit reimbursement funds to and debit from (equipment) the indicated re Subsidy Program subject to the terms of the Vendor Agreement.
Step 1: Choose (□) One:	☐ First Submission ☐ Change	in Banking Info
Step 2: Choose (⊡) One:	Business (has FEIN on file with	VDSS) Individual (No DBA, has SSN on file with VDSS)
Step 3: Complete Vendor	Information and Payment Metho	j:
DBA (Business Name)		Payment Method - Choose (□) One
Authorized Individual N	lame	Direct Deposit (Please see additional information In Step 4 below) Account Type (choose one):
Title		Checking Savings
Address		
City/State/ZIP		Account Number
Date of Birth (DOB)		Debit Card (INDIVIDUAL only)
Telephone Number		Note: This form will be rejected and may delay payment if the vendor is a BUSINESS with a DBA, has a FEIN on file with VDSS for this Vendor ID, and Debit Card payment method is selected.

Authorized Signature

Step 4: For Checking Accounts:

- Attach a Voided Check, deposit slips <u>CANNOT</u> be accepted as a form of proof.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

For savings accounts:

- A Deposit Slip for Savings Accounts <u>CAN</u> be accepted.
- You may also enclose a letter from your bank with the Routing and Account Number information printed on it.

NOTE: Failure to follow directions in Step 4 MAY result in funds being rejected or deposited into the wrong account.

Step 5: Return completed form to: Conduent Payment Services P.O. BOX 14371 Lexington, KY 40511 Email: ECCOperations@conduent.com

Questions? ECCOperations@conduent.com