

VIRGINIA ECC VENDOR SETTLEMENT AUTHORIZATION FORM INTERACTIVE VOICE RESPONSE (IVR) PROVIDER ONLY NO POS EQUIPMENT

		Date:
Full Legal Business Name:		
nstitution, Bank of America, and	I the financial institution listed	of Virginia Department of Social Services (VDSS) and its designated financial below to deposit reimbursement funds to and debit from (equipment) the Virginia Child Care Subsidy Program subject to the terms of the Vendor
Step 1: Choose () One:	☐ First Submission ☐ 0	Change in Banking Info
Step 2: Choose () One:	☐ Business (has FEIN on fi	ile with VDSS)
Step 3: Complete Vendor li	nformation and Payment	Method:
	•	
DBA (Business Name)		Payment Method - Choose () One
Authorized Individual Na	me	Direct Deposit (Please see additional information In Step 4 below)
/ Authorized marviadar Ne		Account Type (choose one):
Title		Checking Savings
		ABA Bank Routing Number
Address		
City/State/ZIP		Account Number
City/State/ZIF		
Date of Birth (DOB)		Debit Card (INDIVIDUAL only)
		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
Telephone Number		this Vendor ID, and Debit Card payment method is selected.
Telephone Number Authorized Signature		

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 **CAN** 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 State & Local Solutions, Inc.

Contracts P.O. Box 80589 Austin, TX 78708 ECCOperations@conduent.com