

DIRECT DEPOSIT FREQUENTLY ASKED QUESTIONS!

How does direct deposit work and how will I know I have been paid?

There will still be a record with direct deposit. Your bank will provide you with a record of deposits in your account. Also you may view your payment information online via the FACTS PLUS web application. FACTS PLUS (Provider Look-Up and Update System) is a secure internet application that allows registered Providers to view their services and payments. This online information is available 24 hours a day. For more detailed information about FACTS PLUS, please visit the FACTS PLUS homepage at <https://www.wvfacts.org/factsplusnet/>.

How will direct deposit help me?

NO LONGER will you have to visit your bank to deposit your check. Studies indicate that the average person spends from 8.5 - 24 hours each year standing in lines or sitting at drive-through windows of banks.

If you cannot visit your bank, your check is deposited for you. It goes into your account, no matter where you are.

What happens if there is a problem at my bank or if I change my bank?

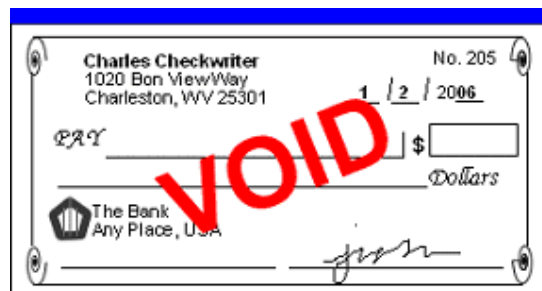
Contact the West Virginia State Auditor's Office at 1-304-558-2251 or 1-800-500-4079. The problem will be researched and corrected immediately upon determination of the error. To make a change download, complete, print and send the FACTS eVendor Agreement to the WV State Auditor's Office via mail or fax. The form may be downloaded from www.wvsao.gov or <https://www.wvfacts.org/factsplusnet/>.

How safe is direct deposit?

With direct deposit your payment cannot be lost. Nationally, over four million paper checks are lost or stolen each year.

When can I start direct deposit?

If you have either a savings or checking account, fill out the attached form (FACTS eVendor Agreement) and send it to the WV State Auditor's Office. Don't forget to send a VOIDED CHECK from your account.



How do I stop direct deposit?

Download, complete, print and send the FACTS eVendor Agreement to the WV State Auditor's Office via mail or fax. The form may be downloaded from www.wvsao.gov or <https://www.wvfacts.org/factsplusnet/>.



FACTS eVendor Agreement

Provider Name:	<input type="text"/>											
Provider #:	<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"/>
Telephone #:	<input type="text"/>											
Contact Name:	<input type="text"/>											
Address 1:	<input type="text"/>											
Address 2:	<input type="text"/>											
City:	<input type="text"/>						State:	<input type="text"/>	Zip Code:	<input type="text"/>		

ACCOUNT INFORMATION

Bank Name:	<input type="text"/>												<input type="checkbox"/> Checking	<input type="checkbox"/> Saving	
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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"/>	<input type="text"/>

Please attach a voided company check with this form.

I (Company) hereby authorize the State of West Virginia, hereinafter called State, to initiate credit entries to my (our) depository financial institution named above, hereinafter called Depository, and to credit the same to such account. I (Company) further authorize the State to initiate debt entries as adjustments for credit entries made in error. Also I (Company) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules as set forth by the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until the State has received a notice of termination from me, or a company representative, in such time and manner to afford the State a reasonable opportunity to act on it.

Signature	<input type="text"/>												Date	<input type="text"/>
Print Name	<input type="text"/>												Title	<input type="text"/>

For information regarding your electronic payment, contact the ePayments Division at 800-500-4079.

Please return to:
ePayments Division / West Virginia State Auditor's Office
1900 Kanawha Blvd E, Bldg 1, Rm W-125
Charleston, WV 25305
Fax #: 304-558-4376 www.wvsao.gov