

AUTOMATIC WITHDRAWAL AUTHORIZATION OR CHANGE

Spenddown Pay In

Please Print or Type Information

- Start I want the Missouri Department of Social Services to withdraw the Spenddown Pay In from my bank account.
Change I want the Missouri Department of Social Services to change the automatic withdrawal to the bank account named below.
Cancel I want to cancel the automatic withdrawal of the Spenddown Pay In (to cancel automatic withdrawal, you must give 30 days notice for processing of your request.)

Part A - Account Information Instructions are at the bottom of this form.

Type of Account

- Checking (Attach a blank check with VOID written across it)
Savings (Attach a savings deposit slip showing your account number with VOID written across it)

Bank Routing Number Bank Account Number
The Name of Financial Institution
The Address of Financial Institution(Street)
(City) (State) (Zip code)
Financial Institution Telephone Number

A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM

Part B - Agreement

I hereby authorize the withdrawal of spenddown pay in on or around the 10th of each month from my checking or savings account with the financial institution indicated above. I understand that the spenddown pay in amount will vary quarterly based on the family size and income, and authorize continued automatic withdrawals. Withdrawal will be made beginning next month unless I choose to terminate this agreement. I understand that the Division of Medical Services will make a reasonable effort to complete this transaction in a timely manner. I recognize that it is my responsibility to have the funds available in the account indicated above for the withdrawal of the monthly spenddown pay in.

SIGNATURE OF CLIENT DATE

THIS FORM MUST BE SIGNED, OR IT WILL BE SENT BACK TO YOU

Part C - Customer Information

Case Number Name

Telephone Number

Instructions for filling out Part A of this form:

Type of Account - Check the box that tells if you are using a checking account or a savings account.
Bank Routing Number - Write your financial institution's routing number printed at the bottom left portion of your checks or deposit tickets (the first 9 numbers). See examples 1 and 2 below.
Bank Account Number - Write the account number printed on the bottom of your checks following the routing number. It may be the first numbers after the routing number followed by your check number (example 1), or the numbers follow your check number (example 2). The check number is not part of the account number.
Write the name, address and telephone number of the bank, credit union or savings and loan in the next spaces on the form.

Example 1

| | | |
|---------------------------|---------------|------|
| FINANCIAL INSTITUTION | CHECK NO. | 1234 |
| HOMETOWN, USA | | |
| PAY TO THE ORDER OF _____ | | |
| 121456789 | 8765432109812 | 4444 |

↑ ↑ ↑
ROUTING NO. ACCOUNT NO. CHECK NO.

Example 2

| | | |
|---------------------------|-----------|---------------|
| FINANCIAL INSTITUTION | CHECK NO. | 1234 |
| HOMETOWN, USA | | |
| PAY TO THE ORDER OF _____ | | |
| 121456789 | 4444 | 8765432109812 |

↑ ↑ ↑
ROUTING NO. CHECK NO. ACCOUNT NO.

Send this form in the enclosed envelope, or you may mail to:

Division of Medical Services
Financial Services Unit
P.O. Box 6500
Jefferson City, MO 65102-6500

If you need help filling out this form, call toll-free at
1-877-888-2811.