


NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PAYMENT AUTHORIZATION FORM

Mail, Fax or Email the completed form to:

DSS - EBT/NEMT
700 Governors Drive
Pierre, SD 57501-2291
Phone: 1-866-403-1433
Fax: 605-773-8461

Email: dss.ebtstateoffice@state.sd.us

SELECT ONE:		
<input type="checkbox"/> This is the first time I have completed an NEMT Payment Authorization form. <input type="checkbox"/> I have already completed an NEMT Payment Authorization form and want to make changes to the following: <ul style="list-style-type: none"> <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Change the way I receive my NEMT payments (Direct Deposit or U.S. Bank ReliaCard) 		
<p>NOTE: You must complete a separate payment authorization form for each program in which you receive payments. The information provided on this form will only be used for NEMT purposes.</p>		
PAYEE INFORMATION:		
Name:		
Mailing Address:		
City:	State/Zip:	
Daytime Telephone Number:	NEMT Provider Number (If known):	
Please identify one household member as payee below:		
Name:	Date of Birth:	Social Security Number/Tax ID Number:
ELECTRONIC PAYMENT OPTIONS (SELECT ONLY ONE)		
<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> U.S. Bank ReliaCard	
By selecting the box above, you acknowledge the following: I authorize the Department of Social Services to credit my NEMT payments to the account listed below, and if necessary, reverse any incorrect credit entries made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers.	Simply fill out the Payee Information section at the top of the page, sign and return as instructed above. Your card will arrive in the mail within 7-10 business days a plain, white envelope with an Indianapolis, IN return address. Your payments will automatically be deposited to your card.	
Bank Name:	<p>NOTE: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>	
Routing Number:		
Account Number:		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<div style="text-align: center;">  </div> <p>Remember to attach a voided check or copy of a check to this form, or a letter from your financial institution that includes your account and routing number. Deposit slips and counter checks will NOT be accepted.</p>		

Signature: _____ Date: _____