

HAWAII TANF EMPLOYER
DIRECT PAY BUSINESS APPLICATION

Employer Name: _____

Employer Address: _____

Main Contact Name: _____

Main Contact E-Mail: _____

Main Contact Telephone: _____

Employer Federal TIN: _____

Employer Bank Name: _____

Bank Address: _____

Bank Account Number: _____

Bank Routing Number: _____

Account Type: Business Checking Business Savings

The Authorized Officer for the Employer listed above hereby requests that future TANF Employer Reimbursements be processed and paid using electronic funds transfer (i.e. Direct Pay), and not by an actual check document. The Employer authorizes Patriot MCS (fiscal agent for the TANF SEE Program) to process and generate the electronic payment, utilizing the information provided on this application. In addition, the Employer acknowledges responsibility for any fees charged by its financial institution for this service. The Employer will be notified once this application has been processed, approved and the service activated.

Authorized Officer - Signature

Date

Authorized Officer - Printed Name