Kentucky Integrated Health Insurance Premium Payment Program
Direct Deposit Authorization Form

Form KI-HIPP 63

Please complete this form and return to confirm your bank account details you want KI-HIPP to deposit your payment into. **You do not need item H (below) completed if you can supply a voided personalized check or deposit ticket that verifies your bank routing and checking account numbers.**

Policy Holder Name: _____ Case Number: _____

DIRECT DEPOSITS ARE ISSUED TO CHECKING ACCOUNTS ONLY.

Check One:

☐ Begin Direct Deposit (Complete items A-G and sign item I)

☐ Stop Direct Deposit (Complete items A-B and sign item I)

☐ Change Direct Deposit (Complete items A-G and sign item I)

A. Name_____

B. Social Security Number_____

C. Name on Checking Account_____

D. Name of Bank_____

E. Address of Bank_____

_____

F. Bank Routing Number_____

G. Checking Account Number_____

If you do not have a check or deposit ticket available, have your bank complete items D, E, F, G and sign item H below.

H. _____ _____

Authorized Bank Official Title

I. I authorize and request the above indicated action be taken with regard to my CHECKING account at the bank, credit union, or savings and loan, stated above.

_____ _____

Recipient Signature Date

You may upload the documents on benefind.ky.gov, or send it to:
KI-HIPP Address: CHFS KI-HIPP Unit
275 E. Main St., 6C-A
Frankfort, KY 40621
Fax: 502-564-3232
Email: KIHIPP.PROGRAM@KY.GOV