SPECIALIZED CLINICAL DEVELOPMENTAL SERVICES NETWORK

FINANCE POLICY

Section: Banking & Financial Management	Policy Number: 2.31
Policy: Requests for Direct Deposit information	Approved Date: 25-Mar-2025
	Last Revised Date:
Attachment(s):	Last Revision Approved Date:

Policy

To ensure timely receipt of payments SCDSN agrees to provide direct deposit information to members and customers as deemed appropriate.

Procedure

1. Any SCDSN member may request direct deposit information from SCDSN

2. All other agencies/organizations/customers requesting direct deposit information must be approved by the Treasurer

3. The agency requesting the right to pay invoices via EFT must:
    a. Make the request in writing; all documentation must have appropriate logos/corporate information for verification (may be received via email)
    b. Do business with SCDSN or a member agency regularly
    c. Have appropriate privacy policies to protect the information being requested

4. The request will be vetted by the administrative staff regarding the above criteria.

5. The Treasurer will review vetted requests and approve as appropriate.

6. Once approved by the Treasurer, the administrative staff will contact the agency/business to submit the paperwork

7. Copies of approved EFT requests will be filed for verification