



Electronic Funds Transfer (EFT) Authorization Form

- New EFT Authorization, EFT Termination Request, Update/Change Information (i.e., changes to account or bank)

Provider Information

Provider Name, DBA, if applicable, Tax Identification Number (EIN or TIN), Contact Name, Contact Phone Number

Bank or Financial Institution Information

Bank / Financial Institution Name, Address, City, State, Zip Code, ACH/EFT Contact Name, ACH/EFT Contact Phone Number, Routing Transit Number, Account Number, Type of Account (check one): Checking, Savings. For purposes of account verification, please attach either a VOIDED check for the checking account or a deposit slip for the savings account.

Authorization

We, the Provider, certify the above checking or savings account is under our direct control. Therefore, we authorize Mercy Care Plan to initiate credit entries (and/or adjustments for any credit entries made in error) directly into the Bank / Financial Institution account number listed above. We authorize the Bank / Financial Institution to post the credit and/or debit to the same account.

We understand that if our account is closed, we will not receive payment until our bank returns the funds to Mercy Care Plan. This authorization remains in effect until we submit an updated EFT Authorization Form requesting termination and until such time that Mercy Care Plan has had a reasonable opportunity to act on such request. If our depository information changes, we agree to submit an updated EFT authorization form.

Signature

Authorized Provider Representative: (PRINT NAME), Authorized Provider Representative: (SIGNATURE), Job Title, Date

Completed form and attachment should be returned by mail or faxed to the following:

Mercy Care Plan Attn: Provider Services 2800 N. Central Ave. Ste. 400 Phoenix, AZ 85004 Fax: 602-263-3034

Internal Use Only

Date Form Received by Plan: Provider ID Number: