Electronic Funds Transfer (EFT) Agreement

PART I – PRACTICE INFORMATION

Name _____

Primary Billing Address _____

City _____ State _____ Zip Code _____

Provider Legal Business Name _____

Tax Identification Number: (Designate SSN or EIN) __ __ __ __ __ __ __ __ __

PART II – DEPOSITORY INFORMATION (Financial Institution)

Depository Name _____

Street Address _____

City _____ State _____ Zip Code _____

Depository Telephone Number _____

Depository Contact Person _____

Depository Routing Transit Number (nine digits) __ __ __ __ __ __ __ __ __

Depositor Account Number _____

Type of Account (Check one) ☐ Checking Account ☐ Savings Account

*Please include a voided check **or** confirmation of account information on bank letterhead. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type, and the bank officer's name signature. This information will be used to verify your account number.

PART III – CONTACT PERSON

Name _____

Telephone Number _____ Fax Number _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _ _____

PART IV - AUTHORIZATION

I hereby authorize eviCore healthcare to initiate credit entries to the account at the bank listed above for all claims payments. This agreement will remain in effect until I notify eviCore healthcare of the desire to cancel or change this service or until eviCore healthcare notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries by eviCore healthcare to such account and to credit the same to such account. I am responsible for notifying eviCore healthcare of any changes to my banking information.

Authorized Signature _____

Printed Name _____

Title _____ Date _____

*Once completed, you may submit this form via email to **clientservices@evicore.com** or fax to (615) 468-4408 attention **"Client Services."**

If you have any questions, please contact Client Services at 800-575-4517.