

Electronic Funds Transfer Enrollment Request

Name:			
Tax ID: NPI:			Check if NPI Type II
Contact Name: Email:			
Phone Number: Fa	x:		
Office Address:	City:	State:	_ ZIP:
Billing Address:	City:	State:	_ ZIP:
Printed name and role of requesting party			
Banking Information			
Requests MUST INCLUDE a voided check and/or bank lett select which has been included.	er to assist with the val	idation prod	cess. Please
☐ Voided Check ☐ Bank Letter			
Now Ponk Name:			
New Dank Name.			
New Account Type: Checking Savings			
New Bank Name: New Account Type: Checking Savings Address:	City:		
New Account Type: ☐ Checking ☐ Savings	City: Account Number:	_ State:	_ ZIP:
New Account Type: Checking Savings Address: Routing Number Routing information is nine digits on a check; not a deposit	City: Account Number: slip.	_ State:	_ ZIP:
New Account Type: Checking Savings Address: Routing Number Routing information is nine digits on a check; not a deposit If updating existing EFT information, please provide current	City: Account Number: slip. EFT information.	_ State:	_ ZIP:
New Account Type: Checking Savings Address: Routing Number Routing information is nine digits on a check; not a deposit If updating existing EFT information, please provide current Current Bank Name:	City: Account Number: slip. EFT information.	_ State:	_ ZIP:
New Account Type: Checking Savings Address: Routing Number	City: Account Number: slip. EFT information.	State:	_ ZIP: