

Authorization Form for Electronic Funds Transfer (EFT)

Section 1

All fields must be completed

Vendor Name:		
Contact Name:		
NPI Number:		
Federal Tax ID Number:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email address:		

Section 2

Bank information

Bank Name:	
Branch Address:	
Bank Routing Number:	
Bank Account number:	
Type of Account (Checking, Saving, Money Market, etc.):	

Section 3

To be completed by CFO or Authorized Representative(s)

I confirm the identity of the above vendor, name, provider number, tax ID, account number and routing number. As a representative of the above-named vendor, I certify that the information provided is correct and the provider approved the direct deposit option.	
Representative Name:	
Representative Title:	
Phone Number:	Email:
Signature:	Date:

Joint account holder certification (if applicable)

Name:	
Title:	
Phone:	Email:
Signature:	Date:



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