

# EFT Authorization Form (ETF-1)



**Please Check One:**

- New Enrollment       Change Enrollment       Cancel Enrollment

## Provider Identification Information

Provider Name	
Provider Tax Identification Number or Employer Identification Number	
Provider National Provider Identifier (NPI)	
Provider Contact Information:	
Name	
Telephone Number	
E-Mail Address	

## Financial Institution Information

Financial Institution Name	
Financial Institution Address:	
Street	
City	
State/Province	

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ZIP Code / Postal Code	
Account Type	
ACH Routing Transit Number	

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Provider's Financial Institution Account Number	
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Name of Company Boston, MA 02110	1001
Date: _____	
_____ \$ _____	
_____ Dollars	
Bank Name Boston, MA 02110	
Routing Number	Account Number
1: 123456789	1: 200000672
	1001

**NOTE: A VOIDED CHECK or LETTER from bank confirming ABA Transit and Account Numbers, or LETTER from Provider on Provider's Letterhead, signed by authorized signer confirming ABA Transit and Account Numbers and explaining why a voided check cannot be provided must be attached.**

Account Number Linkage to Provider Identifier		
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## EFT Authorization Form (ETF-1)



Provider Tax Identification Number or Employee Identification Number		
Provider National Provider Identifier (NPI)		

### Authorization Information

Authorized Signature		
Electronic Signature of Person Submitting Enrollment		
Written Signature of Person Submitting Enrollment		
Printed Name of Person Submitting Enrollment		
Printed Title of Person Submitting Enrollment		
Submission Date		
Requested EFT Start/Change/ Cancel Date		

Please return this form to your Provider Relations Representative.