

Electronic Funds Transfer

The Electronic Funds Transfer, also known as an ACH Direct Deposit, provides an easy method of depositing funds automatically to your bank account.

DIRECT DEPOSIT IS CONVENIENT

Your weekly claims will be processed and paid by ACH. An ACH payment versus a check payment will provide a cost saving to you and also provide the ability to manage your daily cash flow more efficiently.

- You don't need to make a trip to your financial institution
- You save time in depositing your checks
- You don't need to worry about lost or stolen checks
- You have faster access to your monies. Deposits are made on the second business day of each week
- You will continue to receive an explanation of benefit statement

You will appreciate the convenience of Electronic Funds Transfer. To take advantage of this service, please complete this authorization form and return it to:

EPNI
S117
P.O. Box 64676
St. Paul, MN 55164-0676

Please remember to sign and date the form.

Please also be aware that the same bank account must be used for any contracting entities associated with an NPI.

EPNI
S117
P.O. Box 64676
St. Paul, MN 55164-0676

EPNI

Employer Provider Network, Inc.

©2010 Employer Provider Network, Inc.

Employer Provider Network,
Inc. (EPNI)

**offers a method of
payment to simplify
your weekly
provider claims
reimbursement.**

Provider Automatic Payment

Electronic Funds Transfer Authorized Agreement

Employer Provider Network, Inc. (EPNI) is hereby authorized to credit our bank account through ACH Payment. PLEASE INCLUDE A VOID CHECK WITH THIS FORM.

Provider Name: _____

Plan Provider Number(s)/NPI: _____

Account Holder at Bank: _____

Bank Name: _____

Federal Tax ID# _____

Bank ABA Number: _____ Bank Account Number: _____

Type of Account: Checking Savings

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Please supply your billing address: (Please note that all providers listed under the Plan Provider Number(s) NPI must use the same billing address)

Employer Provider Network, Inc. is authorized to make ACH payments via Automated Clearinghouse (ACH) transfers directly to the account and bank specified above. ACH transactions are processed on behalf of EPNI. This authority will remain in effect until the 30th day after EPNI is notified in writing that this authority is terminated.

Signer Name: _____

Date: _____ Title: _____

For Internal Use Only:

IRN#: _____ Database #: _____

Name of Person Completing Setup: _____ Name of Person Auditing Setup: _____

Date Completed: _____ Date Audit Completed: _____

Effective Date: _____

Name of Person Completing Term: _____ Name of Person Auditing Term: _____

Date Termination Completed: _____ Date Audit Completed: _____

Termination Date: _____