

Electronic Funds Transfer (EFT) Authorization Form



Consolidated House Bill 8 EFT/ACH Form

Entity Name \_\_\_\_\_

Entity Tax Identification Number \_\_\_\_\_

Entity Address \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Account \_\_\_\_\_

By completing this form you are hereby authorizing enrollment into the payee's EFT program, including validation of data provided by whatever tools available to validate the listed information.

Authorized Officer:

Name(Print or Type) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

This form applies to HB-8 payments for Humana, Aetna, Molina Passport and Anthem. Provider must follow independent payment verification processes for United and Wellcare. Payment processes are detailed within the HB8 MCO Payment Coordination FAQ.