ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

Reason for Submission:

☐ New EFT Authorization — Effective Date _____

☐ Revision to Current Authorization — Effective Date _____
(e.g. account or bank changes)

☐ Cancel EFT — Effective Date _____

PART II: PROVIDER OR SUPPLIER INFORMATION

Provider/Supplier Legal Business Name

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Account Holder's Street Address	Account Holder's State	Acount Holder's Zip Code

Tax identifcation Number: (designate ☐ SSN or ☐ EIN)

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Medicare Identification Number (if issued)

National Provider Identifier (NPI)

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PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution Name

Financial Telephone Number	Financial Institution Contact Person

Financial Institution Routing Transit Number (nine digit)

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Depositor Account Number	Type of Account (check one)
☐☐☐☐☐☐☐☐☐☐☐	☐ Checking Account ☐ Savings Account

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

PART IV: CONTACT PERSON

Contact Person's Name	Contact Person's Title
Contact Person's Telephone Number	Contact Person's E-mail Address

PART V: AUTHORIZATION

The undersigned hereby authorizes Sharp HealthCare to initiate deposits, credits and/or corrections to previous credits to the financial institution indicated above. The financial institution is authorized to credit and /or correct the amounts to the account shown. This authority is to remain in full force and effect until the undersigned revokes it, by giving 10 days written notice to Sharp HealthCare, or if stopped due to the undersigned's termination as a contracted provider.

SIGNATURE LINE

Authorized/Delegated Offical Name (Print)	Authorized/Delegated Official Telephone Number
Authorized/Delegated Official Title	Authorized/Delegated Official E-mail Address

Authorized/Delegated Official Signature (Note: Must be original signature in black or blue ink.)