

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM FOR WV PEIA

The information concerning your organization's financial institution will be used to make electronic fund transfer (EFT) payments on all claims that are due and approved for payment for the legal business name listed below. Please note that EFT payments can be made only to checking accounts.

This form is for: _____ an initial request for EFT payments _____ a change in an existing enrollment		
Provider Legal Business Name:		Federal Tax ID#
Address:		
City: State:		Zip Code:
Name and Title of Contact Person for Billing and Payments:		
Contact Person's Telephone:		Contact Person's E-Mail Address:
FINANCIAL INSTITUTION INFORMATION		
ABA (Transit Routing) Number:		Checking Account Number:
Name of Financial Institution:		Telephone:
Address:		
City: State:		Zip Code:
Name on Checking Account:		
AN ORIGINAL VOIDED CHECK MUST BE RETURNED WITH THIS FORM.		

AUTHORIZING SIGNATURE: By signing this document, you are authorizing EFT payments for WV PEIA to be sent to the above account.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ PHONE NUMBER: _____

DATE SIGNED: _____ FAX NUMBER: _____

Please return this completed form to: EFT Enrollment
 HealthSmart Benefit Solutions
 PO Box 2451
 Charleston, WV 25329-2451