

INSTRUCTIONS

Vendor Information

Account Status

Indicate if this is a new account or update

Name

Enter Vendor/company name

FED Number

Enter the vendor taxpayer ID number

BANK INFORMATION

Financial Institution

Enter the Bank Name

Branch

Bank Branch Location if applicable

Transit/ABA No

Enter the bank routing number

Account No

Enter the bank account number to which payment should be sent

Checking/Saving

Indicate if this is a checking or saving account

Verification of Bank Account and Routing Information

Attach a voided check or copy of a bank letter or specification sheet

APPROVAL

Signature

Requires the vendor or authorized personnel signature and date for authorization

Contact

Contact name, phone number and e-mail address for individual primarily responsible for coordinating communication about disbursement payments.



Capital Health
PLAN

ACH ENROLLMENT & AUTHORIZATION FORM

PROVIDER/FACILITY

Account Status: Set up New Account Change Account profile

Name: _____ FED Number _____
(please print)

BANK INFORMATION

Financial Institution _____ Branch _____

Transit/ABA No. _____ Account No. _____

Checking _____ Savings _____
(please check one above)

ATTACHED VERIFICATION OF BANK ACCOUNT AND ROUTING INFORMATION

APPROVAL

I (we) hereby authorize Capital Health Plan, hereinafter called Company, and the depository named below, hereinafter called Financial Institution, to accept credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking/Savings account.

This authority is to remain in full force and effect until Company has received written notification from the authorizin representative of its termination in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Payments for Providers/Facility will be transmitted on our standard disbursement cycles. In the event of a holiday, the ACH payment will take place the next business day or disbursement cycle. Generally there is a lag between the time Capital Health Plan processes your disbursement payment and when your bank posts the transaction. Posting times may vary from bank to bank.

Signature _____ Date _____

Contact Name: _____ E-Mail Address: _____ Telephone No: _____

THIS SECTION WILL BE COMPLETED BY CHP ACCOUNTS PAYABLE DEPARTMENT

Date Received: _____ Date Entered: _____
month/day/year month/day/year

Entered by: _____

Approved by: _____