



## Electronic Funds Transfer Agreement

<b>ACCOUNT REGISTRATION INFORMATION</b>	
Name	Tax ID Number
Address	
City, State, Zip Code	
<b>BANK INFORMATION</b>	
Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____
Address	
City, State, Zip Code	
Routing #	Account #

I, \_\_\_\_\_, as the authorized party, allow Avesis to deposit funds into my Bank Account using Electronic Funds Transfer. **A voided check is faxed along with this agreement to 800-663-7441 to facilitate this process.** All claims filed are in accordance with the terms of the executed Avesis Agreement and the Avesis Provider Manual. All funds shall be deposited into my bank account at the banking institution shown above. The bank shall provide to Avesis my most current address upon request.

I understand that:

1. The origination of electronic credits to my account must comply with the provisions of United States law.
2. Avesis and the Bank will share with each other limited account and contract information as necessary to affect these credits.
3. By signing this document, I agree to accept the terms of the Electronic Funds Transfer.

\_\_\_\_\_  
Printed Name of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Joint Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Date

Telephone Number: \_\_\_\_\_