



Wilmington Health, PLLC
 Attn: Accounts Payable
 1202 Medical Center Dr.
 Wilmington, NC 28401

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

See the back of this page for instructions on completing this form.

Please print clearly and use only BLUE or BLACK ink.

Mailing Address (General)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____ Vendor Code: _____

Banking Information Change Request

Contact Information

Contact Name: _____

Email Address: _____

Phone: _____ Ext: _____ Fax: _____

Tax Identification Information

Federal ID / Social Security Number: _____

Federal ID / Social Security Name: _____

Financial Institution Information

NOTE: Do not use '|', '\', '*' or '~' in any fields in this section. Replace with spaces.

ABA Routing Number: _____

Customer Acct. Number: _____

Financial Institution Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Type of Account: Checking Savings

Authorization to Make Electronic Fund Payments

I authorize Wilmington Health, PLLC to deposit, by electronic fund transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Wilmington Health, PLLC shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the Commissioner's Rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.

Authorized Signature

Printed Name

Title

Date

Notice of Intent to Collect Private Data

All EFT payment recipients are asked to provide the private data listed on this form to the Accounts Payable Department. Wilmington Health, PLLC employees who support this function of the organization's accounting system may have access to the data, provided their work reasonably requires access. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN) is needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, incomplete or incorrect information may cause a delay in converting to EFT.

ABA Routing Number, Account Number, Account Type is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

Mailing Address (General)

1. Name, Address, City, State, Zip Code: Enter the name of the business or individual, address, city, state, and zip code.
2. Vendor Code: Enter the vendor code, if you know it, to ensure quick processing of this EFT form. This code can be found on our check remittance slips.
3. Banking Information Change Request. Check this box if you are new to EFT payments or already receive payments electronically and are changing your bank and/or account number.

Contact Information

Enter the name, email address, phone and FAX number of the person who can respond and receive EFT remittance.

Tax Identification Information

1. Federal ID/Social Security Number: Enter the nine-digit Federal Employer Identification Number (FEIN) for businesses, or the nine-digit Social Security Number (SSN) for individuals.
2. Federal ID/SSN Name: Enter the name associated with either the FEIN or SSN listed on the form.

Financial Institution Information

1. ABA Routing Number: Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.
2. Customer Account Number: Enter your bank account number. Contact your bank if you are not sure what number to put in this field.
3. Financial Institution Name, Address, City, State, Zip Code: Enter the name and address of your financial institution.
4. Type of Account: Indicate if the account listed on this form is a checking or savings account.

Authorization to Make Electronic Fund Payments

Sign the form to complete. Print your name and title (if any) and date.

Send the Form

You can mail, fax, or email the signed form to the Accounts Payable Department.

*Wilmington Health, PLLC
Attn: Accounts Payable
1202 Medical Center Dr.
Wilmington, NC 28401*

FAX: (910) 815-3792

Email: AP@wilmingtonhealth.com

Questions about this Form?

Email AP@wilmingtonhealth.com