



Electronic Funds Transfer (EFT) Authorization Form

The Alameda Alliance for Health (Alliance) Electronic Funds Transfer (EFT) Authorization Form is confidential. Providers who enroll in EFT will have fee-for-service (FFS) payments deposited directly into their bank account. The EFT option is available to all contracted providers.

INSTRUCTIONS

1. Please print clearly or type all fields.
2. Providers with more than one (1) National Provider ID (NPI) should complete and attach the enclosed Providers with More Than One (1) NPI list.
3. Attach one (1) of the following to your completed form:
 - a. A voided check from the checking account where the funds will be deposited. The check must contain the name and address of the provider or provider organization with the word "VOID" written across the face of the check; OR
 - b. If you have a deposit-only checking account (and you do not have checks) or choose to have the EFT deposited into a savings account, you may submit a letter from a bank officer. The letter must be on the bank letterhead and include the bank name, address, routing number, type of account, account number, and the account owner's name, address, and tax ID number. The letter also must be signed by a bank officer and notarized.
4. Please mail or email the completed form with the voided check and attachments (if applicable) to:

Alameda Alliance for Health
ATTN: EFT Processing – Finance Department
1240 South Loop Road
Alameda, California 94502
Email: **Dfinance@alamedaalliance.org**

For questions about the EFT process, please call the Alliance Provider Services Department at **1.510.747.4510** or email **Dfinance@alamedaalliance.org**.

PLEASE NOTE: Incomplete EFT enrollment applications will be rejected and returned. Please allow a minimum of four (4) weeks for processing. The account must be verified before the first deposit.



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Full Name: _____		
NPI #: _____	Provider Tax ID: _____	
Doing Business As (DBA): _____		
Office Contact Name: _____		
Phone Number: _____	Email: _____	
Business Address: _____		
City: _____	State: _____	Zip Code: _____
Full Name: _____		
Phone Number: _____	Email: _____	
Billing Address: _____		
City: _____	State: _____	Zip Code: _____

SECTION 2: BANKING INFORMATION		
Financial Institution Name: _____		
Routing Number: _____		
Account Number (include leading zeros): _____		
Financial Institution Address: _____		
City: _____	State: _____	Zip Code: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

SECTION 3: SIGNATURE	
Print Name: _____	
Title: _____	
Authorized Signature: _____	Date: _____

