

Provider Authorization of Claims Payments via Electronic Funds Transfer

This form is for providers to authorize the initiation of direct deposit of claims payments via electronic funds transfer (EFT) to a bank account or to change bank account information for an existing authorization. This form is only for providers; individual claimants who wish to establish direct deposit must use the Claimant Authorization of Claims Payments via Electronic Funds Transfer form, which is available at LTCFEDS.com. **Payments will only be made directly to providers when a claimant has assigned benefits to the provider. If no such assignment of benefits is in effect, any claims payments will be made directly to the claimant.**

Provider's information

Name

Address

City

State

Zip

Phone number

Taxpayer identification number (TIN)

Does this EFT apply to this location only, or to all entities under this TIN?

This location only All entities

I authorize Long Term Care Partners (LTCP), LLC, to electronically credit my account and, if necessary, electronically debit my account to correct erroneous credits. I agree that the Automated Clearing House transactions I authorize comply with all applicable law and are bound by the NACHA Operating Rules.

Banking information

Financial institution's name

Account holder's name

Account type: Checking Savings

Routing number

Account number

Is this a corporate bank account? Yes No

