

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

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