AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT) AUTOMATIC DEPOSITS/PAYMENTS

This form must be completed by individual provider applicants or facilities that elect to receive payments from National Imaging Associates, Inc. (NIA) via electronic fund transfers directly to a bank account, in lieu of issuance of a paper check. In order to receive electronic fund transfers, you must have a W-9 and a National Provider Identifier on file with NIA and be the owner of the Taxpayer Identification Number (TIN) under which claims are paid.

By enrolling in EFT, you will *no longer receive* paper Explanation of Benefits (EOBs) or Explanation of Payments (EOPs).

Please fax the completed form to the attention of Network Data Management EFT Coordinator at 314-292-1012, or mail the completed form to:

NIA
14100 Magellan Plaza – MO14
Maryland Heights, Missouri 63043
Attn: Network Data Management EFT Coordinator

PROVIDER INFORMATION

PROVIDER NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE #: _____

BILLING CONTACT NAME: _____

TIN: _____ **MIS #:** _____ **NPI:** _____

Check Type: ___ **Employer Identification Number (EIN)** ___ **I Taxpayer Identification Number (ITIN)**
___ **Social Security Number (SSN)**

BANK INFORMATION

BANK NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TYPE OF ACCOUNT: ☐ **PERSONAL** ☐ **SAVINGS**
Choose one from each column ☐ **CORPORATE** ☐ **CHECKING**

ACCOUNT HOLDER NAME: _____

BANK ROUTING/TRANSIT NUMBER: ☐☐☐☐☐☐☐☐☐

This is the number on the left side at the bottom of your check, before your account number. This may not be the same routing number needed for EFT. Please confirm with your bank.

BANK ACCOUNT NUMBER: _____

EFT ELECTION INFORMATION

☐ I authorize National Imaging Associates, Inc. to initiate credit entries to my checking or savings account as indicated above, and the depository named above to credit the same to such account.

EFT EFFECTIVE DATE: ____/____/_____ *Cannot be earlier or more than 180 days from the date you sign this form.*

This authority shall remain in effect unless you submit a written cancellation notice to NIA. Electronic transfer of funds will not occur until claims activity initiates payment to you and a successful test has been conducted between NIA and your bank. The actual Effective Date (or Termination Date) will be assigned after this process occurs. Meanwhile, live checks will be mailed to you.

☐ **STOP** Electronic Funds Transfer. I understand I will receive a live check.

EFT TERMINATION DATE: ____/____/____ *Cannot be earlier than the date you sign this form.*

AUTHORIZED SIGNATURE: _____
The person(s) signing this form must be authorized to sign on the account to receive claims remittances.

DATE: _____