

Electronic Funds Transfer (EFT) Authorization Form

(Please complete in its entirety)

Select Type of Enrollment: New ☐ Change EFT ☐ Cancel EFT ☐

Provider Name	
Group Name	
Address	
City	
State	
Zip	

Tax ID or EIN	
Group NPI	
Individual NPI	

Contact Name	
Title	
Phone	
Fax	
Email	

Bank Name			
Address			
City		State	
Zip			
Routing number		Account #	
Type of account?	Checking	<input type="checkbox"/>	Savings <input type="checkbox"/>

Print Name of authorized person	
Title	
Signature	
Date	

Please provide a copy of a voided check or an official letter from your bank and return with completed and signed EFT form.

Please return completed forms via email to: contracting@nivanophysicians.com

Or if you prefer fax, send to: (916) 914.2469

You will receive confirmation of enrollment when complete.

Thank you.