

Fax Cover Sheet



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Merced, CA 95340-4710
(209) 381-5300

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**EFT/ACH CREDIT AUTHORIZATION FORM
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENTS (ACH CREDITS)**

I hereby authorize Santa Cruz – Monterey – Merced Managed Medical Care commission, doing business as Central California Alliance for Health (herein after referred to the Alliance) to deposit any amounts owed by initiating credit entries to the account at the financial institution (herein after referred to as Bank) indicated below. Further, I authorize the Bank to accept and to credit entries indicated by the Alliance to my accounts.

This authorization is to remain in full force and effect until the Alliance and Bank have received written notice of it termination in such time and in such manner as to afford the Alliance and Bank to reasonable opportunity to act on it.

All fields are required

PROVIDER INFORMATION

Provider Name		Provider Federal Tax Identification Number (TIN)	
Doing Business As Name (DBA)		National Provider Identifier (NPI)	
Provider Address - Street	City	State/Province	ZIP Code/ Postal Code
Provider Contact Name	Telephone Number ()	Email Address	

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name			
Financial Institution Address - Street	City	State/Province	ZIP Code/Postal Code

Financial Institution Routing Number:

Type of Account at Financial Institution: Checking Savings

Provider's Account Number with Financial Institution:

Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

SUBMISSION INFORMATION

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Include with Enrollment Submission: Voided Check Bank Letter

Please attach a voided check or a letter on bank letterhead that formally certifies the account owner's routing and account numbers. Your request will not be processed without one of these items included.

AUTHORIZED SIGNATURE

Written Signature of Person Submitting Enrollment	Submission Date
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Please FAX completed applications to:
(831) 430-5871, ATTN: Oksana Chabanenko, Finance

For questions about this form, please contact:
(800) 700-3874 x5510