

EFT CONTACT REQUEST /UPDATE

To add a new contact to your existing Epayment enrollment please provide:

- Complete the Provider Information section
- Provide Identifiers Information
- If you choose to assign a delegate, enter contact information under the Delegated (New) Contact section include the original authorized signature holder.
- Once this form is submitted an electronic form will be sent to the Email address listed below to upload the supporting documentation.

To replace the existing EFT Contact:

- Complete the Provider Information section
- Provider Identifiers Information
- If you choose **not** to assign a delegate, leave the Delegated Contact section blank
- Authorized Signature section

EFT Contact Request

| Provider Information | |
|------------------------------|--|
| Provider Name | |
| Doing Business As Name (DBA) | |
| Provider Address | |
| Street | |
| City | |
| State/Province | |
| Zip Code/Postal Code | |

| Provider identifiers Information | |
|--|--|
| Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) | |
| Relpace Existing Contacts for this Facility | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Delegated (New) Contacts | |
|--------------------------|--|
| Provider Contact Name | |
| Title | |
| Telephone Number/Ext | |
| Email Address | |
| Fax Number | |
| Authorized Signature | |
| Provider Contact Name | |
| Title | |
| Telephone Number/Ext | |
| Email Address | |
| Fax Number | |
| Authorized Signature | |

| Authorization Signature | |
|---|--|
| Authorized Signature | |
| Telephone Number/Ext | |
| Email Address | |
| Printed Title of Person Submitting Enrollment | |
| Submission Date | |