DIRECT DEPOSIT AUTHORIZATION

A. Business Mailing Address (General)

(Name must match TIN records – only one TIN per form)

☐ New Vendor ☐ New Bank Information ☐ Change Bank Information

Name _____

Address _____

City _____ State _____ ZIP Code _____-_____

B. Business Contact Information

Contact Name _____

Email Address _____

Phone ___-___-____ FAX ___-___-____

C. Tax Identification Number

*Note: Enter Federal ID name **exactly** as shown on your SS-4 (Corporate) or Social Security Card (Individual)*

Federal ID Name _____

Federal ID # _____ MN State ID # _____

D. Payee Numbers/Names To Be Included

Note: Include all payees with the above TIN depositing to the account shown below

_____ _____ _____ _____

_____ _____ _____ _____

****** Please attach a separate sheet to continue list (if necessary) ******

E. Financial Institution Information

NOTE: Do not use '|,' '\,' ',' or '~' in any fields in this section. Replace with spaces.*

ABA Routing # ___-___-___

Circle Type of Account:

Checking Savings

Customer Acct. # _____

Financial Institution Name _____

Street Address _____

_____

F. National Provider Identifier (NPI)

NPI #:

G. Clearinghouses that UCare currently has a connection with are - McKesson, RelayHealth, Rycan Technology, ClaimLynx, GEHealth, VisionShare or ZirMed.

Clearinghouse:

Authorized Signature (**MUST** be signer on applicable bank account)	Title
Printed Name	Date