



Electronic Funds Transfer (EFT) Authorization Agreement for Automatic Deposit

This authorization remains in full force and effect until Vaya Health (Vaya) receives written notification from your organization of its termination or until Vaya or appointing authority deems it necessary to terminate this agreement. To change or cancel requests, complete and return to payables@vayahealth.com. For help, call **1-800-893-6246, ext. 1163**.

PLEASE PRINT OR TYPE

<input type="checkbox"/> Initial request	<input type="checkbox"/> Change request	<input type="checkbox"/> Cancel request
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1. Name of Legal Business (must match name on bank account and name registered with Vaya):			
2. Name of Main Contact Person:		3. Contact's phone number:	
4. Legal Business Address:	5. City:	6. State:	7. ZIP:
8. Last four digits of Social Security Number or complete federal Tax ID Number (must match number registered with Vaya):			
9. Email address (for notification of EFT payment):			

1. Bank Routing Number:	2. Bank Account Number (Include Leading Zeros):	3. Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
4. Bank Name:			
5. Bank Address:	6. City:	7. State:	8. ZIP:

Under penalties of perjury, I hereby certify the checking OR savings account indicated on this form are under my direct control and access; therefore, I authorize Vaya Health to initiate, change or cancel credit entries to the bank account as indicated above. For changes to existing accounts, do not close an existing account until the first payment has been deposited into the new account.

I hereby CANCEL my EFT authorization.

I understand that by signing this form, payments issued will be federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws. I also certify that the contact person listed above is authorized to act on behalf of the organization listed above in regard to electronic fund transfers and the account information provided.

Printed name:	Title:
Signature:	Date: