VERMONT HEALTH ACCESS
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Complete the section below and attach a copy of a voided check. The transaction routing number can be obtained from your bank.

PROVIDER NAME	PROVIDER NUMBER
NPI	
Taxonomy	

BANK NAME	TRANSACTION ROUTING NUMBER
BANK ADDRESS	ACCOUNT NUMBER
BANK PHONE NUMBER	CHECKING ——— SAVINGS ———

I agree to keep, and disclose upon request to authorized agencies, records which disclose fully the extent of payments claimed from and services rendered to recipients of Medicaid. I accept as payment in full the amount paid by Medicaid for claims submitted with the exception of authorized cost sharing by recipients. I understand payment of this claim is from state and federal funds and that any false claims, statements, documents or concealment of a material fact may be prosecuted under state or federal law. This is to certify that the information submitted to obtain this payment is true, accurate and complete.

I authorize the electronic transfer of Vermont Medicaid payments made to the above provider number. I understand that I am responsible for the validity of the above information.

NOTE:This EFT will not take effect until we are able to TEST with the bank to verify the accuracy of the information provided. A MOCK DEPOSIT WILL BE EXECUTED ONLY IF YOU BILL US. After 2 successful $0 deposit, we will start depositing money into the new bank account above.

PRINT NAME OF PERSON SIGNING_____

_____ _____ _____

Signature Date Phone #

As of January 1, 1997, it is mandatory for all providers to receive Vermont Medicaid payments via Electronic Funds Transfer (EFT).
It will take approximately four weeks for this information to be processed by EDS and validated by your bank.

********** EDS USE ONLY **********

DATE RECEIVED

EFT STATUS	DATE SUBMITTED	DATE VERIFIED