
MetroPlusHealth offers direct deposit of all payments we make to you. Use this form to enroll in Electronic Funds Transfer (EFT) or change your EFT banking information. Please complete this form in full.

REASON FOR SUBMISSION:

New EFT Enrollment Change EFT Enrollment Cancel EFT Enrollment

IMPORTANT REQUIREMENT FOR ALL NEW ENROLLMENTS AND EFT CHANGE FORM SUBMISSIONS: You **MUST** attach a copy of your current W-9 form and a voided check (or a bank letter with the new / updated routing number and account number) with your completed form. If the account is a "deposit only" account, attach a signed, notarized bank letter from your financial institution indicating the new / updated account number AND routing number (both numbers are required). Submission instructions appear at the end of this form.

FOR EFT CHANGE OR BANKING INFORMATION UPDATES ONLY:

In addition to a copy of a voided check or bank letter showing routing number and account number, you must also include a letter indicating changes to your account with your completed form. This letter must be on company letterhead and include any Provider number(s) (TIN and NPI), new account number and / or routing number, and a brief explanation for the change. The letter must have an original signature, and your title must be indicated.

SUBMIT THE COMPLETED FORM WITH CURRENT W-9 FORM AND VOIDED CHECK OR BANK LETTER AND PERSONAL LETTER (FOR CHANGES) BY FAX, EMAIL OR MAIL:

FAX: Finance Operations at 212.908.8520

EMAIL: financeprovidereft@metroplus.org

MAIL: MetroPlusHealth
ATTN: Finance Operations
50 Water Street, 7th Floor
New York, NY 10004

PROVIDER'S INFORMATION:

Provider Name (Payee): _____

Provider Street Address: _____

City: _____ State: _____ Zip Code/Postal Code: _____

Provider Federal Tax Identification Number (TIN): _____

Payee National Provider Identifier (NPI): _____

Payee Contact Name: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

BANKING INFORMATION:

Financial Institution Name: _____

Financial Institution Routing Number: _____

Type of Account at Financial Institution: Checking Savings

Account Number with Financial Institution: _____

Please indicate which of the following you are including (required):

Voided check **or** Bank letter

Printed Name of Person Submitting EFT Enrollment / Change Form:

Signature of Person Submitting EFT Enrollment / Change Form:

_____ Submission Date: _____
