



**Electronic Funds Transfer Authorization Form (EFT-1)**  
(To be completed by the provider)

**Please Check One:**     New Request     Change in Bank Information

Provider Name

Provider Tax Identification Number (TIN)

**Financial Institution Information:**

Bank Name and Address

Account Name

ACH Routing

Transit Number (nine digits):

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Account Number:

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Name of Company Boston, MA 02210	1001
Date: _____	
_____ \$ _____	
_____ Dollars	
Bank Name Boston, MA 02210	
Routing Number	Account Number
I: 123456789	I: 200000672 1001

**Required EFT-1 Attachment:** A VOIDED CHECK or LETTER from the bank confirming the ABA Transit and Account Numbers, or a LETTER from the provider on the provider's letterhead, signed by the authorized signer confirming the ABA Transit and Account Numbers and explaining why a voided check cannot be provided must be attached.

**Authorization Information:**

Authorized By (Print Name)

Title

Authorized Signature

Date

Please return this completed form and necessary attachment to your provider relations representative.  
(09/05)