

INLAND EMPIRE HEALTH PLAN
ACCOUNTS PAYABLE

Application and Authorization for Vendor Direct Deposit Payments

Directions: Read Frequently Asked Questions. Complete all information and attach a **voided check** to this form. Mail to Accounts Payable, PO Box 19026, San Bernardino, CA 92423-9026.

Transaction Type:

| | |
|---------------------------------------|---|
| <input type="checkbox"/> New Setup | <input type="checkbox"/> Change financial institution |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Change account number |

Payee Identification:

Provider ID _____

Provider/Vendor Name _____

Provider/Vendor TIN (Tax Identification Number) _____

Provider/Vendor E-Mail _____

Contact Name _____

Contact Phone Number _____

Bank Information

(see sample check on page 2)

| | |
|------------------|-------------------------------|
| Depository Name | Transit/ABA number (9 digits) |
| Address | Account Number |
| City, State, Zip | Checking Account |

I authorize Inland Empire Health Plan to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository institution named below hereinafter called Depository, to credit and/or debit the same to such account. It is my responsibility to notify IEHP Provider Services department at (909) 890-2054 immediately if I become aware of any changes in status or banking information. It is my responsibility to notify Provider Services immediately if I believe there is a discrepancy between the amount deposited directly to my bank account and the amount of the invoices/claims paid.

This authority is to remain in full force and effect until IEHP has received written notification from me of its termination in such time and in such manner as to afford IEHP and Depository a reasonable opportunity to act on it.

Authorized Name _____ **Title** _____

Signature _____ **Date** _____

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Please attach Voided Check Here

| | | |
|--|-------------------------|---|
| John Smith 123 Your Street Anywhere, USA 12345 | | <u>63-88</u> 0555 670 |
| PAY TO THE ORDER OF _____ | | 20 _____ |
| YOUR BANK | | DOLLARS |
| 000-001 123 Main Street Anywhere, USA 12345 | SAMPLE (NON-NEGOTIABLE) | |
| FOR _____ | | |
| 1:0630004711 | | : 1234567890 |
| 0555 | | |
| ABA Number | Account Number | Check Number (Do not include as part of your Bank Account number) |