

Electronic Funds Transfer (EFT) Form

Authorization		
Provider Name:		
NPI Number:	Group NPI Number:	Tax ID:
Contact Name:		Contact Phone:
Contact E-mail:		Contact Fax:
Depository Institution:		Bank Account Number:
Bank Account Name:		Bank Routing Number:
Address:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<p style="color: red;">This authorization is to remain in effect until Sendero Health Plans has received written notification from me of its termination in such time, and in such manner as to afford Sendero Health Plans and Financial Institution a reasonable opportunity to act on it.</p> <p><input type="checkbox"/> I agree to applicable Terms and Conditions.</p> <p style="color: red;">The undersigned person represents and warrants that he/she is authorized to execute this form on behalf of the Provider.</p> <p>For the convenience of having direct deposit, you must download your EOB/EOP directly from the https://providerportal.senderohealth.com website. *No paper copies will be mailed.</p>		
Authorized Signature:		Date:
Printed Name:		Title:
<input type="button" value="Submit Form"/>		<input type="button" value="Print Form"/>
Fax to 713.295.7055 – Attention: Provider Database Support		