

Electronic Funds Transfer (EFT)

Electronic Funds Transfer (EFT) is a payment method used to deposit funds directly into a provider's bank account. These funds can be credited to either checking or savings accounts, if the provider's bank accepts Automated Clearinghouse (ACH) transactions. EFT also avoids the risks associated with mailing and handling paper checks by ensuring funds are directly deposited into a specified account.

CMSEBP/MediView must provide the following notification according to ACH guidelines:

Most receiving depository financial institutions receive credit entries on the day before the effective date, and these funds are routinely made available to their depositors as of the opening of business on the effective date. Contact your financial institution regarding posting time if funds are not available on the release date.

However, due to geographic factors, some receiving depository financial institutions do not receive their credit entries until the morning of the effective day and the internal records of these financial institutions will not be updated. As a result, tellers, bookkeepers, or automated teller machines (ATMs) may not be aware of the deposit and the customer's withdrawal request may be refused. When this occurs, the customer or company should discuss the situation with the ACH coordinator of their institution, who in turn should work out the best way to serve their customer's needs.

In all cases, credits received should be posted to the customer's account on the effective date and thus be made available to cover checks or debits that are presented for payment on the effective date.

To enroll in the EFT program, complete the attached Electronic Funds Transfer Authorization Agreement. **You must return a voided check or signed letter from your bank on bank letterhead with the agreement to the CMSEBP/MediView address indicated on the form.**

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NOTE: Complete all sections below and attach a voided check or a signed letter from your bank on bank letterhead.

Type of authorization: <input type="checkbox"/> New <input type="checkbox"/> Change	Line of Business <input type="checkbox"/> CMSEBP/MediView						
Billing Provider Name:	Billing Provider Tax ID:						
National Provider Identifier (NPI)/Atypical Provider Identifier (API):							
Provider accounting address: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">Number</td> <td style="width: 35%; border: none;">Street</td> <td style="width: 15%; border: none;">Suite</td> <td style="width: 15%; border: none;">City</td> <td style="width: 10%; border: none;">State</td> <td style="width: 10%; border: none;">ZIP</td> </tr> </table>		Number	Street	Suite	City	State	ZIP
Number	Street	Suite	City	State	ZIP		
Provider phone number:							
Bank name:	Bank phone number:						
ABA/Transit number:	Account number:						
Bank address:	Account type: (check one)						
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings						

I (we) hereby authorize CMS to present credit entries into the bank account referenced above and the depository named above to credit the same to such account. I (we) understand that I (we) am responsible for the validity of the information on this form. If the company erroneously deposits funds into my (our) account, I (we) authorize the company to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.

I (we) will continue to maintain the confidentiality of records and other information relating to clients in accordance with applicable state and federal laws, rules, and regulations.

Authorized signature:	Date:
Title:	E-mail address: (if applicable)
Contact name:	Contact phone number:

Return this form to:
CMSEBP/MediView
 ATTN: System Support
 P.O. Box 26159
 Austin Texas 78755-6159