



Electronic Funds Transfer (EFT) Authorization Form

(Please complete in its entirety)

Select Type of Enrollment: New Change EFT Cancel EFT

Provider Name	
Group Name	
Address	
City	
State	
Zip	

Tax ID or EIN	
Group NPI	
Individual NPI	

Contact Name	
Title	
Phone	
Fax	
Email	

Bank Name		
Address		
City		State
Zip		
Routing number		Account #
Type of account?	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>



Group Name	
Print Name of Authorized person	
Title	
Signature	
Date	

Please provide a copy of a voided check or an official letter from your bank and return with completed and signed EFT form. Please mail to the address below.

You will receive a confirmation of enrollment when complete. Thank you.

MAIL:

**Nivano Physicians Inc.
Attention: Accounting Department
PO Box 255568
Sacramento, CA 95865**

OR

FAX:

916.588.9624