

Authorization for Electronic Funds Transfer

The Delaware Division of Medicaid and Medical Assistance requires providers to receive their payments through electronic funds transfer. Please complete all the sections below. The transaction routing number can be obtained from your bank. Attach a voided check or where a check is not available, a letter from the bank that confirms the account and routing numbers.

Provider Name	NPI
Bank Name	Bank Phone Number
Bank Address	
Account Number	
Transaction Routing Number (nine digit) _ _ _ _ _	
Type of Account (circle only one)	Checking Savings

I hereby authorize HPES to present credit and/or debit entries into the financial account referenced above and the depository named above to credit and/ or debit the same to such account. I understand that I am responsible for the validity of the information on this form. If the funds are erroneously deposited into my account, I authorize HPES to initiate the necessary debit entries, not to exceed the total of the original amount of the deposit in error.

I understand that payment will be from Federal and State funds and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.

Authorized Signature _____ Date _____
Name typed or printed: _____

Voided check is **Required**.

Fax the form and voided check to: (302) 454-7603

Or

Mail to: HP Enterprise Services, LLC

PO Box 907

New Castle, DE 19720