



NextLevelHealth

A healthier you. A healthier community.

Electronic Funds Transfer (EFT) Authorization Agreement

Please fax only one TIN per form. Use a separate form for each TIN used.

Required Fields - All fields noted with an asterisk (*) are required fields. Incomplete and/or illegible fields or missing signatures will delay your enrollment.

PROVIDER INFORMATION											
*Provider Name											
*Street											
*City				*State				*Zip Code			
PROVIDER IDENTIFIERS INFORMATION											
*Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)											
*National Provider Identification Number (NPI)											
PROVIDER CONTACT INFORMATION											
*Provider Contact Name								Title:			
*Telephone Number ()											
*E-Mail Address								Fax Number ()			
FINANCIAL INSTITUTION INFORMATION											
*Financial Institution Name								Street			
City				State				Zip Code			
*Financial Institution Routing Number						*Type of Account at Financial Institution					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
*Provider's Account Number w/Financial Institution											
*Account Number Linkage to Provider Identifier (Select One)											
<input type="checkbox"/> Provider Tax Identification Number (TIN) _____											
<input type="checkbox"/> National Provider Identification Number (NPI) _____											
SUBMISSION INFORMATION											
*Reason for Submission <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Enrollment											
*To include with Enrollment Submission <input type="checkbox"/> Bank Letter <input type="checkbox"/> Voided Check											

Completed Documents Returned to Provider Services:
Via Fax: 312-724-9256
Via E-mail: Provider.Services@nlhpartners.com