

Kaiser Permanente Electronic Payment Enrollment

COMPANY INFORMATION			
Name		TIN	
Address	Street		
	City	State Zip Code	
EDI/EFT Contact			
A/R Contact	Name(s)		Email Address
	Telephone #		
	Fax #		
BANK INFORMATION			
Bank Name			
Address	Street		
	City	State Zip Code	
Bank Contact	Name(s)		
	Telephone #	Fax #	
ABA Transit Routing #			
Bank Account #			
Account Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
ACH Payment Format	CTX <input type="checkbox"/> (EDI X12 / 820 Remittance, EDI Businesses)		
	Direct Deposit <input type="checkbox"/> (Standard for non-EDI Businesses)		
	Email Remittance <input type="checkbox"/> (if a email notice is desired)		
	Email1 _____		
	Email2 _____		
Email3 _____			
(if additional, please include on separate attachment)			

I hereby authorize Kaiser to initiate direct deposit of accounts payable disbursements into the account specified above and approve reversal entry of payment(s) made to our account in error.

Signature: _____ Kaiser Signature: _____

Print Name: _____ Print Name: _____

Title: _____ Date: _____

Date: _____

PLEASE RETURN ORIGINAL COPY TO
 Kaiser Foundation Health Plan, Inc.
 Electronic Commerce Department
 Parsons East, 4th Floor
 75 N. Fair Oaks Avenue
 Pasadena, CA 91103