Attachment D – Electronic Funds Transfer

If you would like MSHN to electronically deposit our payments to your financial institution, please complete and return this form to:

Mid-State Health Network

530 W. Ionia Street

Lansing, MI 48933

Or

Email: leslie.thomas@midstatehealthnetwork.org

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| --- |
| **Name of Individual or Organization:** |
| **Address:**  |
| **City:**  | **State:**  | **Zip:**  |
| **Email:**  | **Fax:**  |

I hereby authorize MSHN to deposit my payment into the account identified below and authorize the DFI (Depository Financial Institution) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to MSHN.

|  |
| --- |
| **Financial Institution:** |
| **Routing/Transit Number (9 digits):**  | **Account Number:** |
| **Check One: [ ]  Savings** **[ ] Checking**  |

**Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_\_\_\_\_**

A pre-note will be sent initially to verify routing/transit numbers along with account numbers. This takes up to ten days. The following payment, given the pre-note is correct, will be paid electronically. With this in mind, you may receive one printed check before your electronic payments begin. Also, if a change is made to your direct account numbers after the initial pre­-note has been sent, the change will generate another pre-note to be sent and you may receive a printed check for the following payment. We will e-mail/mail a notification to your address above each time an electronic payment is made. The notice will include the invoice number(s), description(s), and amount(s) transferred.