EFT

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

ELECTRONIC FUNDS TRANSFER APPLICATION

As of July 1, 2012 all Virginia Medicaid providers must enroll to receive their payments via Electronic Funds Transfer (EFT). Any provider who cannot comply with this may request an exemption from DMAS for good cause shown. Good cause may include, but is not limited to, the unavailability of a banking institution capable of transacting business via EFT. Providers requesting an exemption from receiving their payments via EFT for reasons other than unavailability of banking institution must attach justification describing why they cannot receive their payments electronically.

Please keep in mind the following when enrolling:

- Submit one form for each NPI or API (Section A)
- All payments for each NPI or API must go to the same account.
- Form must be signed and dated.
- Form must be completed by an authorized representative.
    - An authorized representative is defined as an individual with designated authority to act on behalf of this provider. Must have ownership or controlling interest in the provider, is an agent or managing employee of the provider or Board of Directors. For full Code of Federal Regulation, please see CFR 455.106.
- Must disclose Pay to address for this NPI
- A Banking Institution Letter of EFT/ACH deposit verification on banking letterhead or,
- Have your Banking Institution complete and notarize (Section B)
- Completed forms should be faxed to Virginia Medicaid Provider Enrollment Services at 888-335-8476 or mailed to the address below.

  Virginia Medicaid Provider Enrollment Services
  PO Box 26803
  Richmond, VA 23261-6803

- Additional forms may be obtained at http://www.virginiamedicaid.dmas.virginia.gov
- If you have questions, please call Provider Enrollment at 888-829-5373.

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(Section A.)

PROVIDER INFORMATION

National Provider Identification (NPI) Number: _____

If you do not have an NPI, please use your API Number

Provider Name: _____

Provider Tax Identification Number (TIN/FEIN): _____

PAYMENT AND PROCESSING INFORMATION

1. I will participate in Electronic Funds Transfer (EFT) of payments directly deposited into my account.

☐ Yes (complete questions 2-4)

☐ Not able to participate (complete question 5)

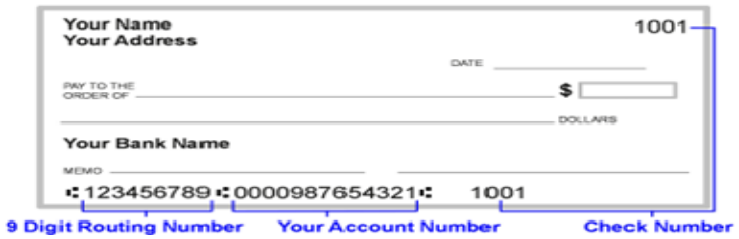
2. Banking Institution Name: _____

3. Routing Number: _____

Routing numbers have nine digits and must begin with numbers that fall in the ranges 01-12, 21-32 or 61-72.
Deposit slips do not have valid routing number.

4. Account Number: _____

Below is an example of where the Routing Number and Account Number are located on your check.



EFT EXEMPTION

5. I am filing for an exemption from participation in EFT for the following reasons:

☐ Unable to transact business through a banking institution capable of EFT

☐ Other reason for exemption consideration (if checked please submit supporting documentation); Company Letterhead with justification for exemption. Please attach to Section A. with a copy of your Banking Institutions Letter of EFT/ACH deposit verification on banking letterhead.

PAY TO ADDRESS: _____

_____

(City, State, Zip Code)

Authorized Individual Name and Title: _____

Authorized Individual Email Address: _____

Authorized Individual Signature: _____ **Date:** _____

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ELECTRONIC FUNDS TRANSFER APPLICATION
(Section B.)

Bank/Financial Institution Information must be completed signed and notarized by the Providers Financial Institution.

Type of Account: ☐ **CHECKING** ☐ **SAVINGS**

Account Holders Name: _____

9-digit Transit Routing: _____

Account Number: _____

Banks ACH/EFT: _____

Bank/Financial Institution Name: _____ **Telephone:** (_____) _____-_____

Banking Official Name: _____ **Title:** _____

Banking Official Signature: _____ **Date:** _____

Notice: All vendors must have a W-9 on file with the Department of Medical Assistance Services

Authorized Individual Name: _____ **Title:** _____

Authorized Individual Signature: _____ **Date:** _____

PLACE SEAL HERE: