

Electronic Remittance Advice (ERA) Enrollment Authorization for ACH Payments

ICW will no longer issue paper checks or paper explanation of payments (EOP's). Electronic payments will be made via ACH and EOP's will be sent securely to the designated email address.

To ensure future payments are uninterrupted, submit this completed enrollment form by email (claims@ic-wa.org) or fax (206-834-6000).

AUTHORIZATION FOR ACH PAYMENTS

Provider Group Name	Tax ID	Group NPI
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Contact Name Address	Contact Telephone Number	EOP E-Mail
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BANK INFORMATION

Type or Account: Checking Savings Personal Business

Bank Name	Account Number	Routing Number
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Address	City	State, Zip
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I hereby authorize Independent Clinics of Washington (ICW) to deposit payments due to the entity identified above to the bank account listed. It is understood and agreed that this authorization will remain in effect until receipt by ICW of written instructions to cancel. It is further understood that ICW is under no obligation to submit payment electronically and that the contact listed above will be notified when electronic payments commence.

Print Name	Signature	Date
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