

DIRECT DEPOSIT FORM



Mailing Address

Name _____
Address _____
City _____ State _____ Country _____
Zip _____ Tax ID _____

Contact Information

Contact Name _____
Email Address _____
Phone _____ Fax _____

Financial Institution Information

Company Name on Bank Account _____
Financial Institution Name _____
Bank Account Number _____
ABA Routing Number (Must be 9-digit Number) _____
Type of Account : Checking _____ Savings _____
Financial Institution Street Address _____
City _____ State _____ Zip _____

Electronic Payment Notification Email Address: _____

Authorization to make (EFT) Electronic Fund Payments

Business owner acknowledges and agrees that the terms and conditions of all agreements or purchase orders with Great Lakes Provider Network, LLC concerning the methods and timing of payments for goods and services shall be amended as provided herein (no withdrawals allowed). Business owner will notify Great Lakes Provider Network, LLC of any changes in depository financial institution or other payment instructions within 5 days of changes. Great Lake Provider Network, LLC will not be held responsible for delay in payment if changes are not communicated properly.

Name (Please Print) _____

By (Authorized signature) _____

Telephone Number _____ Date _____

Complete this form and email to credentialing@greatlakesprovidernetwork.com or fax to 844.843.3809