

## Electronic Funds Transfer (EFT) Enrollment Form

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Changed Information	<input type="checkbox"/> Cancel EFT
<b>Payee Information</b>		
Name		
Mailing Address		
City	State	ZIP Code
Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		

<b>Financial Institution Information</b>			
Financial Institution Name			
Financial Institution Address			
City	State	ZIP Code	
Financial Institution Routing Number			
Type of Account at Financial Institution (check one)		<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Payee's Account Number with Financial Institution			

### Terms and Conditions for Electronic Funds Transfer

By signing below, your company agrees to accept payment by Humboldt Del Norte Independent Practice Association (HIPA) through electronic funds transfer (EFT). Additionally, you acknowledge and agree that all payments shall be made in accordance with the information that you supply on the EFT Enrollment Form and that HIPA shall be entitled to rely exclusively upon such information. This agreement applies to and amends all existing agreements with HIPA by incorporating the following terms and conditions for electronic payment.

HIPA will initiate payment to you based on the following:

1. HIPA will transfer funds electronically to the financial institution and account number you register on the EFT Enrollment Form.
2. The information you provide on the EFT Enrollment Form is very important. HIPA shall not be liable for any loss which may arise solely by reason of error, mistake, or fraud regarding this information. You understand that you must communicate any change in this information to HIPA. This communication must be in the form of a new EFT Enrollment Form faxed to this number:

Humboldt Del Norte Independent Practice Association

2315 Dean Street • Eureka, CA 95501-3208 • [www.humboldtipa.com](http://www.humboldtipa.com)

P: 707.443.4563 • F: 707.443.2527

Humboldt Independent Practice Association

Fax: 707.443.2527

**DO NOT EMAIL**

3. Payment is initiated within the normal terms of our agreement with you and/or applicable HIPA procedures. Our EFT terms and conditions neither enlarge nor diminish the parties' respective rights and obligations with any applicable agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by HIPA. If payment is initiated on a non-banking day at HIPA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.
  
4. With respect to the EFT reimbursement process, HIPA is responsible up to the point where your financial institution receives or has control of the transaction. Any loss of data at that point will be borne by you unless the loss is due solely to the negligence of HIPA or its originating bank.

You hereby represent that you are authorized to enter into this agreement and modify account information for the payee listed on the EFT Enrollment Form.

Authorized Signature	
Printed Name, Title and phone number	
Business Owner/CEO Signature	
Business Owner/CEO Printed Name, Title and phone number	
Submission Date	
Requested EFT Start/Change/Cancel Date	