

Electronic Funds Transfer & Electronic Remittance Advice (EFT/ERA) Authorization Form

Instructions

1. Please complete every section. Complete section 5 for multiple NPIs if applicable.
2. Include a voided check or bank letter that confirms the routing and account numbers.
3. Download form, save, sign and send to HPSM in one of two ways:
 - a. FAX completed authorization form and check/bank letter to: **650-616-8046**, ATTN: Provider EFT/ERA
 - b. Scan and email completed authorization form and check/bank letter to: **psinquiries@hpsm.org**

1 PROVIDER INFORMATION

Provider Name	Doing Business As (DBA)	Provider Tax Identification (TIN)
Contact Name	Phone Number	National Provider Identifier (NPI)
Email Address	Fax Number	Use page 2 for multiple NPI's
Provider's Address (Street Address, City, State Zip)		

2 FINANCIAL INSTITUTION INFORMATION

<input type="checkbox"/> New EFT	<input type="checkbox"/> Change of Account	<input type="checkbox"/> Cancel EFT
Financial Institution Name	Routing Number (9 digits)	Account Number
Address of Financial Institution (Street Address, City, State Zip)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

3 CLEARINGHOUSE INFORMATION Complete this section only if applicable.

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Enrollment	<input type="checkbox"/> Cancel Enrollment
I authorize HPSM to work directly with the clearinghouse for retrieval of 835 files:		Yes No
Clearinghouse Name	Name of Clearinghouse Contact	
Trading Partner*	Contact Phone Number	

* Trading Partner is also referred to as a submitter ID to exchange electronic information

