



Electronic Funds Transfer Form

I (we) hereby authorize **BeneCard PBF** to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **BeneCard PBF** is notified by me (us) in writing to cancel it in such time as to afford **BeneCard PBF** and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

All NCPDP Payment Center ID: _____

NPI #: _____

Relationship ID (AKA Chain Code): _____ Tax ID # _____

Pharmacy Name: _____

Address: _____

City, State, Zip Code: _____

EFT Contact Person: _____

EFT Contact Phone # and Fax #: _____

EFT Email Address: _____

TYPE of Request: Initial EFT Application Change EFT Information

Name of Financial Institution: _____

Account Name: _____

Account Number: _____

City, State, Zip Code: _____

Bank Contact & Phone #: _____

Type of Account: CHECKING SAVINGS

ABA / Routing Number: _____
(Mandatory 9 Digits)

Authorized Signature on Bank Account Date

Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number. NOTE: Starter checks are not acceptable for EFT confirmations.

Fax or Email Completed Forms to: Network Support at 888-723-6008 or networkquality@benecardpbf.com