

Electronic Funds Transfer Authorization

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Tax ID: \_\_\_\_\_ NPI #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Routing No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Date to Begin Direct Deposit: \_\_\_\_\_

***I, hereby authorize FirstCarolinaCare Insurance Company to begin issuing claims payments via Electronic Funds Transfer to the above account and as such request FirstCarolinaCare Insurance Company to stop issuing paper checks for reimbursement on a regular basis.***

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

Form Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Instructions:**

**Fax completed form along with W-9 and a letter of verification from the bank, or a canceled check to FirstCarolinaCare at 910-715-8101 to the attention of Susan Garner or mail completed request to:**

FirstCarolinaCare Insurance Company  
Attn: Susan Garner  
42 Memorial Drive  
Pinehurst, NC 28374

Revised 11/2017