

**COMMONWEALTH of VIRGINIA**

**Department of Medical Assistance Services**

**ELECTRONIC FUNDS TRANSFER FORM**

As of July 1, 2012, all Virginia Medicaid providers must enroll to receive their payments via Electronic Funds Transfer (EFT).

Enrolling or Updating EFT information the following information must be complete. All information will be validated before any updates to provider EFT information.

* Section A - Provider Information:
  + National Provider Identifier (NPI) or Atypical Provider Identifier (API)
  + Banking Institution Name
  + Bank Routing Number - Routing numbers have nine digits and must begin with numbers that fall in the ranges 01-12, 21-32, or 61-72
  + Account Number
* Form must be completed, signed, and dated by the provider or an authorized representative:
  + An authorized representative is defined as an individual with designated authority to act on behalf of this provider, has ownership or controlling interest in the provider, is an agent or managing employee of the provider, or on the Board of Directors. For the full Code of Federal Regulation, please see CFR 455.106.
* Pay to address for NPI
* Submit Banking Institution Letter of EFT/ACH Deposit Verification on Bank letterhead. If one cannot be provided you must have your Banking Institution complete and notarize Section B
* Completed forms should be faxed or emailed to Virginia Medicaid Provider Enrollment Services.

**Virginia Medicaid Provider Enrollment Services**

**PO Box 26803 Richmond, VA 23261-6803**

**804-270-7027 or 888-335-8476 (Fax)**

[**vamedicaidproviderenrollment@gainwelltechnologies.com**](mailto:vamedicaidproviderenrollment@gainwelltechnologies.com)

**SECTION A** (*Completed by Provider or Authorized Representative*)

**PROVIDER INFORMATION**

National Provider Identification (NPI) OR Atypical Provider Identification (API) Number:

Provider Name:

**PROVIDER PAY TO ADDRESS**

Address:

City:State**:**Zip Code:**-**

Provider Tax Identification Number (TIN):

**ELECTRONIC FUNDS TRANSFER PAYMENT and PROCESSING INFORMATION**

**BANKING INSTITUTION INFORMATION**

Banking Institution Name:

Routing Number:

Account Number:

**TYPE OF ACCOUNT**

Checking

Savings

**Authorized Signature (Printed Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

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



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**Section B:** This section must be completed signed and notarized by the Providers Bank/Financial Institution Official

**Type of Account:**  **Checking**  **Savings**

**Account Holders Name:**

**9 Digit Transit Routing:**

**Account Number:**

**Banks ACH/EFT:**

**Banks Financial Institution Name:**

**Banks Telephone Number:**

**Banking Official Name:** **Title:**

**Banking Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

**Authorized Individual Name:** **Title:**

**Authorized Individual Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**