



**COMMONWEALTH of VIRGINIA**  
**Department of Medical Assistance Services**

**ELECTRONIC FUNDS TRANSFER FORM**

All Virginia Medicaid providers that bill and get paid for services must enroll to receive their payments via Electronic Funds Transfer (EFT).

Updating EFT information must be done via the Secure Provider Portal. Section A and B must be completed.

**Section A - Provider Information**

- National Provider Identifier (NPI) or Atypical Provider Identifier (API).
- 14-Digit Primary Servicing Location ID
- Pay to address for the 14-digit Service Location ID
- Provider Tax ID
- 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
- Signed and dated by an individual provider, owner, or managing employee.

**Section B – Banking Information**

- Your Banking Institution must complete, sign, and notarize Section B.

**SECTION A:** - Completed by Individual Provider, Owner, or Managing Employee.

**PROVIDER INFORMATION**

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

14-Digit Service Location ID:

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** \_\_\_\_\_



**COMMONWEALTH of VIRGINIA**  
**Department of Medical Assistance Services**  
**ELECTRONIC FUNDS TRANSFER FORM**

**Section B:** This section must be completed, signed, and notarized by the Provider and 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:** \_\_\_\_\_

**Banking Official Telephone Number:**

**Authorized Individual Name:**

**Title:**

**Authorized Individual Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Notary Seal Here