



Electronic Funds Transfer Form

Bay-Arenac Behavioral Health (BABH) offers Electronic Funds Transfer to electronically deposit payments to your financial institution.

If interested, please complete and return this form along with a voided check or EFT Bank Authorization Notice showing proof of your routing and account numbers to: (no deposit tickets accepted)

Bay-Arenac Behavioral Health, Attn: Karen Simon, Finance Dept, 201 Mulholland Street, Bay City, MI 48708

COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

■ I hereby authorize BABH to deposit my payment into the account identified below and authorize the DFI (Depository Financial Institution) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Finance department of BABH.

FINANCIAL INSTITUTION: _____

Routing/Transit Number (9 digits): _____

Check One: ☐ Savings ☐ Checking **Account Number:** _____

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____

A pre-note will be sent initially to verify routing/transit numbers along with account numbers. This takes up to ten days. The following payment, given the pre-note is correct, will be paid electronically. With this in mind, you may receive one printed check before your electronic payments begin. Also, if a change is made to your direct account numbers after the initial pre-note has been sent, the change will generate another pre-note to be sent and you may receive a printed check for the following payment. We will mail/e-mail a notification to your address above each time an electronic payment is made. This notice will include the invoice number(s), description(s), and amount(s) transferred.

PLEASE ATTACH A VOIDED CHECK OR EFT BANK AUTHORIZATION NOTICE SHOWING PROOF OF YOUR ROUTING AND ACCOUNT NUMBER. QUESTIONS SHOULD BE DIRECTED TO KAREN SIMON AT 989-895-2221 OR ksimon@babha.org

EMAIL ADDRESS FOR NOTIFICATION OF PAYMENT: _____