Premier Health Partners

Send Completed Form To: Premier Health Partners, 110 N Main St Suite 450 Dayton, OH 45402

Vendor Authorization Agreement for Direct Deposit (ACH Credits) of Accounts Payable Disbursements

(For use with Disbursement Vouchers. For example: Invoice payments on purchase orders)

New Authorization: _____ Update Existing Authorization: _____ Cancel Authorization: _____

Vendor Name:		Federal Tax ID Number(s):
Bank Account Name (if different from vendor name)		Vendor Email Contact Address:
Vendor Contact Name:		Vendor Contact Phone Number:
City:	State:	Zip Code:
Financial Institution Name:		Financial Institution Contact Phone Number:
City:	State:	Zip Code:
ABA Routing Number:		Bank Account Number:

Type of Account: Checking: _____ Savings: _____

Both parties agree that the addendum information will be provided to the customer in the form of a CCD+ addendum record and, if desired, in the form of an email notification for each invoice paid.

I certify that the information I provided is correct and that I am an authorized signer or designate of the account provided for the direct deposit transactions and am entitled to provide this authorization. I (we) further authorize Premier Health Partners as Paying Agent for Miami Valley Hospital, Good Samaritan Hospital and Atrium Medical Center to initiate credit entries to the account and financial institution listed above.

I (we) further authorize adjusting entries (reversals) to correct errors, if any. This authorization is to remain in effect until Premier Health Partners has received written notification from (us) of its termination in such time and manner as to afford Premier Health Partners and the depository financial institution a reasonable opportunity to act on it.

IMPORTANT NOTICE ABOUT INTERNATIONAL ACH/DIRECT DEPOSIT Due to new banking regulations, beginning September 18, 2009, funds electronically deposited via Automated Clearing House (ACH) in a U.S. bank and then forwarded to a non-U.S. bank are required to include additional information that is not currently being collected. Until this additional information can be obtained, payments of this nature must be paid by paper check or will be rejected by the ACH network. THIS INCLUDES ACH PAYMENTS PROCESSED BY PREMIER HEALTH PARTNERS FOR VENDOR PAYMENTS. If you currently forward, or in the future plan to forward, ACH payments to a non-U.S. bank; steps should IMMEDIATELY be taken to inactivate or change your direct deposit information currently on file with Premier Health Partners. YOU NEED NOT TAKE ANY ACTION IF YOU DO NOT AND WILL NOT FORWARD ACH PAYMENTS TO A NON-U.S. BANK.

Check here if you plan to forward your ACH to a non-US bank: _____

Failure to take action will result in your bank rejecting your international deposit and returning the funds to Premier Health Partners. Premier Health Partners is not responsible for international ACH transactions that are rejected and/or delayed due to missing information.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Signature: _____ Date: ____/_____/_____

Printed Name: _____ Title: _____