



Northwood

CLAIM PAYMENT DIRECT DEPOSIT AUTHORIZATION FORM

Provider Name: _____ Federal ID Number: _____
Contact Name: _____
Email Address: _____ Telephone: _____
Bank Name: _____
Contact Name: _____ Telephone: _____

Name On Checking Account: _____

Bank Routing Number: _____

Checking Account Number: _____

Blank/Voiced Check Attached

AUTHORIZATION

I (we) hereby authorize Northwood, Inc., hereinafter called COMPANY, to initiate credit entries (direct deposit) to my (our) checking account (indicated above) at the depository bank named above, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Print Name(s): _____

Signature(s): _____

Date: _____

FOR INTERNAL USE

Northwood Provider Number: _____

EFT Verification Transaction Completed

Processed By: _____

Date: _____

Please mail to: Northwood, Inc. 25790 Commerce Dr. Madison Heights MI 48071 or fax to: (586)755-3733
attention: Provider Relations.