



528 East Spokane Falls Boulevard  
Suite 301  
Spokane, Washington 99202

Thank you for expressing an interest in Electronic Funds Transfer (EFT) for your Asuris Northwest Health payments. To begin the process, please print and complete the authorization form and return it with an original voided check to:

Asuris EFT Disbursements  
PO Box 1271 M/S #C3F  
Portland, Oregon 97207-1271

Phone Number: (800) 662-7534  
Fax Number: (503) 220-8468

It may take up to 10 business days for us to set up and validate the banking information you provide before an EFT payment can be made to your account.



**AGENT AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)**

Producer/Firm Name:			
Producer/Firm EFT Contact:			
Mailing Address:			
City:		State:	Zip:
Phone No.:		Fax No.:	
E-mail Address:			
Tax Identification No.:			
Requester Name:		Asuris Producer/Firm ID#:	
I (we) hereby authorize Asuris Northwest Health, hereinafter called ASURIS, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.			
Depository/Bank Name:		Branch:	
City:		State:	Zip:
Transit/ABA No.:		Account No.:	
<b>SELECT ONE</b>			
<b>Checking Account</b> <input type="checkbox"/>		<b>Savings Account</b> <input type="checkbox"/> <small>For savings account please provide proof of ownership of the account.</small>	

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH AN ORIGINAL VOIDED CHECK**