



American Behavioral ®

ELECTRONIC FUNDS TRANSFER FORM *REQUIRED*

PROVIDER NAME:	
PRACTICE/GROUP NAME (IF APPLICABLE):	
ACCOUNT NAME:	TAX-ID:
NPI:	EMAIL:

****You must have a valid e-mail address ****

I HEREBY AUTHORIZE: **AMERICAN BEHAVIORAL**

- | | | |
|--------------|---|--|
| TO INITIATE: | <input type="checkbox"/> DEBIT/ DRAFTS | <input type="checkbox"/> CREDITS/ PAYMENTS |
| TO MY: | <input type="checkbox"/> CHECKING ACCOUNT | <input type="checkbox"/> SAVINGS ACCOUNT |

NAME OF BANK:	
CITY/STATE/ZIP	
ACCOUNT NAME:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
PROVIDER'S PRACTICE ADDRESS:	

Please include copy of a void check.

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

This authority will remain in full force and effect until such time as **American Behavioral** has received written notification from me that the draft authorization has been revoked. It is further provided that written notification, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Authorized Signature

Date

American Behavioral
 3680 Grandview Pkwy, Ste 100
 Birmingham, Alabama 35243
 Phone: 1-877-660-6646 x404
 Fax: 205-503-5891
www.americanbehavioral.com
providerrelations@americanbehavioral.com