ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: REASON FOR SUBMISSION

☐ New EFT Enrollment ☐ Cancel EFT Enrollment
☐ Change to Current EFT Enrollment (e.g. account or bank changes)

PART II: ACCOUNT HOLDER INFORMATION

Provider Name

Doing Business As Name (if different from Provider Name)

National Provider Identifier (NPI)	Employer Identification Number (EIN)

Provider Address

City	State	Zip Code

Phone Number	Fax Number	Email Address

Provider Contact Name	Telephone Number

Email Address

Clearing House EDI -> _____ Inmediata _____ Assertus _____ Other

PART III: FINANCIAL INSTITUTION INFORMATION (Please include a confirmation of account information on bank letterhead or a voided check).

Financial Institution Name

Financial Institution Address

City	State	Zip Code

Financial Institution Phone Number	Financial Institution Routing Number

Provider's Account Number	Type of Account (e.g., Checking, Saving)

Account Number Linkage to Provider Identifier
☐ National Provider Identifier (NPI)   ☐ Employer Identification Number (EIN)

PART IV: AUTHORIZATION

I hereby authorize MAPFRE Life Insurance Company to initiate EFT credit entries to the account at the financial institution listed above for all benefits payments payable to me. This agreement will remain in effect until I notify MAPFRE Life Insurance Company of my desire to cancel or change this service or until MAPFRE Life Insurance Company notifies me that this service has been terminated. I understand I must allow reasonable time for my instructions to be executed. I authorize and request the bank listed above to accept any credit entries from MAPFRE Life Insurance Company and to credit the amount of those funds to my account.

MAPFRE LIFE INSURANCE COMPANY OF PUERTO RICO

If MAPFRE Life Insurance Company credits more money than the correct benefits amount to the account, due to:

☐ **Duplicate EFT (where "duplicate" is defined as multiple EFT's received for the same services rendered, the same membership and the same date of service), or**
☐ **Erroneous EFT's (where "erroneous" is defined as complete EFT's received in error)**

MAPFRE Life Insurance Company will attempt to recover the duplicate or erroneous payment via a debit to your account to the extent permitted by law.

I understand and agree that if an electronic debit is unsuccessful for deposit only accounts, or not permitted by state law, MAPFRE Life Insurance Company will pursue settlement with me via alternate measures.

Authorized Signature	**Title**
Printed Name	
Signature	**Date**