



Prodegi Use Only

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

(See reverse for instructions.)

Check appropriate box:

- New EFT Account
- Change Bank Account
- Change Contact Information

SECTION I: Employer information must be completed.

Business Name	Employer Account Number
Business Mailing Address (Number, Street, or Box Number)	Business Phone Number
Business Mailing Address (City, State, and ZIP Code)	
EFT Contact Person	Contact Phone Number
	Fax Number

SECTION II: Bank account information must be completed.

IMPORTANT: Attach a copy of a voided check or bank specification sheet. A form without the attachment will be returned unprocessed.

Bank Name	
Routing Transit Number	Bank Account Number

- Checking
- Savings

For Bank Account Changes only, complete the following:

The settlement date of your last EFT payment to Prodegi was _____
The due date of your next EFT payment is _____
Will your old and new bank accounts be open with funds available until completion of this bank change? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III: Authorization Agreement

I hereby authorize designated Financial Agents of the Prodegi to initiate debit entries to the financial institution account indicated above, for payments owed to Prodegi and to providers of health plan benefits upon request by Employer, using the **ACH debit method**.

Signature	Title	
Print Name	Phone Number	Date

Fax the completed form to 307-347-6227, or email delias@prodegibenefits.com.

Mail to: Prodegi
 Billing Department
 P.O. Box 98
 Worland, Wyoming 82401

If you have questions regarding this form, please call the Prodegi at 800-426-5500 ext 5511.

Instructions for Completing the EFT Authorization Agreement Form

GENERAL

Please type or print clearly. Return the EFT Authorization Agreement form to Prodegi.

Check the appropriate box for completing this form:

- Register for participation in the EFT program.
- Change the bank account information you use for EFT transactions.
- Change your contact information (Section II banking information must also be completed).

SECTION I

Complete all information in this section.

Business Name - Enter the business name.

Business Mailing Address - Enter the business mailing address.

Employer Account Number - The Prodegi Group Number is required. Enter the group number assigned by the Prodegi, **not** your Federal Identification Number. **Business Phone Number** - Enter the business phone number.

EFT Contact Person - Enter the name of the person who can be contacted regarding this enrollment or billing inquiries.

Contact Phone Number - Enter the phone number for the contact person.

Fax number - Enter the fax number for the contact person.

SECTION II

Complete all information in this section.

Bank Name - Enter the name of the selected bank.

Routing Transit Number - Enter the nine-digit routing number associated with your financial institution. You may contact your bank to verify this number.

Bank Account Number - Enter the bank account number.

Type of Account - Select the appropriate box for the type of bank account.

For Bank Account Change only - This information simplifies the bank account change process.

SECTION III

Complete all information in this section of the preparer or responsible individual. Fax the completed form to 307-347-6227, or email delias@prodegibenefits.com.

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Billing Department
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Worland, WY 82401

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