ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM

INSTRUCTIONS:

Complete the attached Authorization for Automatic Deposits (Credits) form to receive direct deposit payments from AlohaCare for services billed to AlohaCare members.

Documentation that must be included:

- A copy of a voided check from the checking or savings account indicated
- A current copy of a Professional Vocational License (PVL), or a current copy of the State Business License

PLEASE NOTE:

If the company has multiple payees, (or branches of business) under the same Tax ID, AlohaCare must receive a completed EFT Registration Form for each payee (or branch of business).

Please submit all documentation to AlohaCare's Provider Services Department via fax at **808-973-0811**.

The information may also be mailed to:

AlohaCare
Attn: Provider Services Department
1357 Kapiolani BLVD STE 1250
Honolulu, HI 96814

If you have any questions, please contact our Provider Services Department at 973-1650 or toll free at 1-800-434-1002. Thank you for your participation in AlohaCare!

EXAMPLE

AUTHORIZATION FOR AUTOMATIC DEPOSITS (CREDITS)

First Hawaiian Bank

PLEASE STAPLE VOID CHECK HERE

COMPANY NAME LEGAL ENTITY NAME CO. ID NO. (FED. ID NO.) _____

I (we) hereby authorize ALOHACARE to initiate credits (and/or corrections to the previous credits) to the Financial Institution indicated below. The Institution is authorized to credit and/or correct the amounts to my ☐ Checking ☐ Savings Account indicated below. If notified by the Company of an error in the amount credited, the Institution is authorized to correct the error by debiting my account.

FINANCIAL INSTITUTION NAME _____ ADDRESS _____

BRANCH _____ CITY _____

STATE _____ ZIP _____

This authority is to remain in full force and effect until you have received written notification from me (or either of us) of its termination.

NAME _____ CUSTOMER ID NUMBER (NOT APPLICABLE)

DATE _____ SIGNATURE _____ SIGNATURE _____

AUTHORIZATION WILL TAKE EFFECT NOT LESS THAN 10 DAYS AFTER ACCEPTANCE BY THE BANK

FINANCIAL INSTITUTION ROUTING NO.
TRANSIT ABA

⑆ | | | | | | | | | | ⑆

ACCOUNT NUMBER INFORMATION

| | | | | | | | | | | | | | | | |

☐ CHECKING
☐ SAVINGS

TAB CS-3057 (REV. 4/1/97)

White - Employer's Copy; Yellow - Employee's Copy

AUTHORIZATION FOR AUTOMATIC DEPOSITS (CREDITS)

First Hawaiian Bank

PLEASE STAPLE VOID CHECK HERE

COMPANY NAME _____ CO. ID NO. (FED. ID NO.) _____

I (we) hereby authorize _____ to initiate credits (and/or corrections to the previous credits) to the Financial Institution indicated below. The Institution is authorized to credit and/or correct the amounts to my ☐ Checking ☐ Savings Account indicated below. If notified by the Company of an error in the amount credited, the Institution is authorized to correct the error by debiting my account.

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