



LifeMap Assurance Company®  
 P.O. Box 1271  
 Portland, OR 97207  
 Toll free 1(800) 794-5390  
 Fax (855) 854-4570

## Electronic Funds Transfer (EFT) Authorization Agreement and Contact Information

**All fields are required. See page 2 for instructions, if needed.** Completed forms may be faxed to (855) 854-4570, or scanned and e-mailed to [CustomerService@LifeMapCo.com](mailto:CustomerService@LifeMapCo.com).

Provider Name	Street		
City	State	Zip Code	
Provider Federal Tax Identification Number (TIN)		National Provider Identifier (NPI)	

Provider Contact Name	Telephone Number	E-mail Address
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Financial Institution Name		Branch	
Street	City	State	Zip Code
Routing Number	Type of Account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	
Account Number Linkage to Provider (check one) <input type="checkbox"/> Provider Tax ID (TIN) <input type="checkbox"/> National Provider ID (NPI)	Reason for Submission (check one) <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Enrollment <input type="checkbox"/> Cancel Enrollment	You must contact your financial institution to arrange for the delivery of the CORE- required Minimum CCD+ data elements needed for re-association of the payment and the electronic remittance advice.	

By submitting this form, I am establishing that I have authority to execute this request. I authorize the above-named contact person to execute, implement, and perform all functions necessary for my facility to receive electronic funds transfer (EFT) payments from LifeMap Assurance Company.

Authorized Signature	Date
Signed (If co-signer required on account)	Date

This Authorization for Automatic Deposit will remain in effect until cancelled in writing. A minimum of ten business days advanced notice is required to cancel or make changes of any kind to information included in this form.

**You must include a copy of a voided check or bank letter as a separate page with this request. Please note that the name, address, account and routing numbers must be viewable. Bank deposit tickets, bank statements, and other items will not be accepted in lieu of a voided check or bank letter.**

## EFT Enrollment Instructions

All form fields are required and must be completed. Please type all responses.

Please allow four weeks for the registration process to be completed, including pre-note verification. If after four weeks you have not received your first EFT, contact our team at the email address below.

**What to include with form submission** - A voided check or bank letter must accompany this request as a separate page. The voided check or bank letter must include eligible account and routing numbers that can be used for verification.

**How to submit** - Submit the completed and signed form, along with a separate page that includes a copy of your voided check or bank letter, via:

- Email: [CustomerService@LifeMapCo.com](mailto:CustomerService@LifeMapCo.com)
- Fax: (855) 854-4570

- **Provider Name** – Complete legal name of institution, corporate entity, practice or individual provider
- **Street** – The number and street name where a person or organization can be found
- **City** – City associated with provider address field
- **State** – Two-character code associated with the state
- **ZIP Code** – Postal zone code
- **Provider Federal Tax Identification Number (TIN)** – The federal tax identification number used to identify a business (nine digits)
- **National Provider Identifier** – HIPAA unique provider identifier (10 digits)
- **Provider Contact information** – Enter the name, phone number, and email address of the person authorized to provide information that relates to EFT payments or inquiries
- **Financial Institution Name** – Official name of the provider's financial institution
- **Street** – Number and street name of the financial institution's specific branch location for the provider's account
- **City** – City associated with the financial institution's specific branch location for the provider's account
- **Routing Number** – A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited
- **Type of Account** – The type of account the provider will use to receive EFT payments, e.g., Checking, Savings
- **Account Number** – Provider's account number at the financial institution to which EFT payments are to be deposited
- **Account Number Linkage to Provider Identifier** – Provider preference for grouping (bulking) claim payments – TIN/ NPI that is associated with your remittance advice (Choose one: TIN or (NPI))
- **Authorized Signature** – Signature of the preparer or responsible individual who is authorized to make this request
- **Voided Check** – A voided check is attached to provide confirmation of Identification/Account Numbers
- **Bank Letter** – A letter on bank letterhead that formally certifies the account owner's routing and account numbers