

Electronic Funds Transfer Authorization

Provider Name: _____

Provider Address: _____

Provider Tax ID: _____

Bank Name: _____

Bank Address: _____

Routing No.: _____

Account No.: _____

Date to Begin Direct Deposit: _____

I, hereby authorize FirstCarolinaCare Insurance Company to begin issuing claims payments via Electronic Funds Transfer to the above account and as such request FirstCarolinaCare Insurance Company to stop issuing paper checks for reimbursement on a regular basis.

Authorized Signature

Date

Form Completed by: _____

Title: _____ Contact Telephone: _____

Instructions:
Fax completed form to FirstCarolinaCare at 910-715-8101 to the attention of Barbara Adcock or mail completed requests to:
FirstCarolinaCare Insurance Company
Attn: Barbara Adcock
42 Memorial Drive
Pinehurst, NC 28374