



Electronic Funds Transfer (EFT) Request Form

Please be advised that the following information for EFT enrollment. For verification purposes, please attach a copy of a voided check or a letter from your financial institution. EFT will be implemented approximately 10 business days after receipt of this completed form.

Payee Name:

Payee ID (NCPDP ID/Chain Code):

Account Number:

Routing number:

Pharmacy Contact Name:

Title:

Phone:

Email Address:

Signature: Date:

MUST attach voided check or bank letter with routing and account numbers

Please Return To:

Provider Relations Department

Fax: 513.248.3079

Email: providerservices@guidantrx.com