**Electronic Funds Transfer (EFT) Form**



Attn: Accounts Payable, 1920 Atherholt Road, Lynchburg, VA 24501

Accounts.Payable@CentraHealth.com

As a payment option, Centra Health Inc. offers vendors the opportunity to receive future payments electronically rather than by check. Payments will be deposited into the checking account of your choice. In addition to having the money deposited electronically, you will also be notified of the deposit by e-mail. The e-mail will provide you with all the information that would normally be on your check stub. To receive payments electronically, you must print and complete this form,and return to the email or mailing address above.

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| --- | --- | --- | --- | --- |
| **Payee Information** | | | | |
| Payee Name: |  | | SSN or  Federal ID #: |  |
| Remit Address(es) for applicable accounts: | |  | | |

|  |  |
| --- | --- |
| **Bank Information** | |
| Bank Name: |  |
| Name on Account: |  |
| Account #: |  |
| Routing #: |  |

**E-MAIL ADDRESS for payment notification.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| E-mail Address: | |  | | | |
| Name(s):  Please print |  | | Title: |  |
|  | | |  |  |
| Authorized Signature | | |  | Date |