XO Health

Electronic Funds Transfer - ACH Direct Deposit Authorization Form

With receipt of this form, XO Health, Inc. is hereby authorized to credit your bank account through ACH Payment. You must complete, date and sign this form and return it to us to receive ACH payments. Please also be aware that the same bank account must be used for any contracting entities associated with an NPI. After we receive the completed form, your claims will be processed and paid by ACH. An ACH payment versus a check payment will enable more rapid claims payment and reduce mailing costs.

Please complete the following steps:

- Print and complete all fields of this form.
- Have the form dated and signed by an authorized signatory.
- Attach a copy of your completed IRS Form W9 that corresponds with your billing Tax ID number.
- The preferred method is to upload the form to the Enrollments Center on Availity. However, if you are not using Availity to send the form, please fax to: 404-924-6309 or if necessary, mail to: 565 Willowbrook Center Pkwy, Willowbrook, IL 60527.

Provider Entity Information	
Entity Name	
Federal Tax ID Number (if applicable)	**National Provider Identification Number - NPI I** (if applicable)
Employer ID Number (if applicable)	**National Provider Identification Number - NPI II** (if applicable)

Provider Contact Information		
Name	**Title**	
Email	**Phone**	**Fax**

Financial Institution Information	
Bank Name	**Name on Bank Account**
Bank Account Number	**Bank Routing/Transit Number** (ABA)
Bank Address	**Bank Phone Number**

XO Health, Inc. is hereby authorized to make ACH payments via Automated Clearinghouse (ACH) transfers directly to the account and bank specified above. ACH transactions are processed on behalf of XO Health, Inc. and its Affiliates. This authority will remain in effect until the 30th day after XO Health, Inc. is notified in writing that this authority is terminated.

Provider Contact Information		
Signature		
Printed Name	**Title**	**Date**