



**STANFORD HEALTH CARE  
ACH AUTHORIZATION AGREEMENT  
ADD/CHANGE FORM**

**What is ACH?**

ACH is an Electronic Funds Transfer (EFT) processed through a national Automated Clearing House directly to your bank account.

**What are the benefits of ACH?**

Receiving payment by ACH reduces bank fees compared to incoming wire fees. Instead of receiving checks in the mail, funds are paid directly to your account. ACH means you won't receive late payments due to postal service issues.

**How do I sign up?**

Complete this ACH Authorization Agreement and e-mail it to: [SHCAPInquiry@stanfordhealthcare.org](mailto:SHCAPInquiry@stanfordhealthcare.org). After receiving this form, Stanford Health Care will test your bank information by sending a small test payment of \$0.01. Please confirm receipt of this amount to the above mentioned e-mail address.

Add       Change

The company identified below (Company) hereby authorizes Stanford Health Care (SHC) to initiate credit entries to the Bank Account Number of the Bank indicated below. Also, the Company authorizes SHC to initiate debit entries to the same Bank Account to reverse any amounts overpaid in error. This authorization will remain in effect until SHC receives written notice to terminate this authorization at least 30 days prior to actual termination date.

The signer of this form is duly authorized to sign this agreement on behalf of the Company.

<b>Company:</b>	<b>ABA/Routing Number (9 digits):</b>
<b>Company Street Address:</b>	<b>Bank Account Number:</b>
<b>Company City, State, Zip:</b>	<b>Account Type:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<b>Company Contact Person:</b>	<b>Bank Name:</b>
<b>Contact E-Mail Address:</b>	<b>Bank City and State:</b>
<b>Contact Person's Fax Number:</b>	<b>Company's Federal Tax ID:</b>
<b>Contact Person's Telephone Number:</b>	<b>Authorizing Signature/Date:</b>
<b>Remittance Telephone Number:</b> (Accounts Receivable #)	<b>Remittance Telephone Number:</b> (Accounts Receivable #)

**Signer's Name (Print/type):** \_\_\_\_\_

**Signer's Title (Print/type):** \_\_\_\_\_