



Electronic Funds Transfer (EFT) Authorization and Agreement

3701 W. Plano Parkway, #200 | Plano, TX 75075 | 469-543-6500 | vpayusa.com

Reason for Submission: New EFT enrollment Change EFT enrollment

I54 - 11
Exp: 8/31/2020

Provider Information:

* Indicates required fields. Incomplete fields and signatures may cause your enrollment form to be delayed or returned.

*Provider Name (complete legal name of institution, corporate entity, practice or individual provider) ("Provider")				
*Tax Identification Number (<input type="checkbox"/> EIN or <input type="checkbox"/> SSN)			LEFT BLANK INTENTIONALLY	
*Primary Billing Street Address		City:	State/Province:	Zip:
*Primary Contact Name (for EFT issues)		Email	Secondary Contact Name (for EFT issues)	Email
*Telephone Number + extension			*Fax Number (secured nbr for ERA and notices)	

***** You may receive a phone call from us to ensure the accuracy of the listed financial institution account information *****

EFT- Direct Deposit/ Provider's Financial Institution Information:

*Financial Institution Name			
* Financial Institution Street Address	*City	*State/Province	*Zip Code
Branch Location	*Telephone Number + extension		
*Provider's Account Number (where funds will be deposited)	*Type of Account <input type="checkbox"/> Checking Account Only (FI authorized for automated credit/debit)		
*Routing/ABA Number (financial institution's 9-digit routing number found on a check, NOT a deposit slip)			

[ATTACH VOIDED CHECK]

NOTE: A voided check from the Provider's account or a letter from the financial institution on financial institution letterhead specifying the Provider's name, the account and the routing/ABA number must be returned with the signed EFT Agreement.

Initial: _____



TERMS AND CONDITIONS:

1. **NACHA Rules.** VPay and Provider agree to be bound by the NACHA® Operating Rules and Guidelines ("NACHA Rules") that govern Entries (e.g., credit Entries, debit Entries, and non-monetary Entries) through the automated clearinghouse network ("ACH"). Capitalized terms not defined in this EFT Agreement have the meanings set forth in the NACHA Rules.
2. **Enrollment.** VPay® is a service provider to multiple payers of Provider claims. *There is no charge to Provider for enrolling for EFT payments with VPay; however, transaction Fees will apply.* Provider acknowledges and agrees that this EFT Agreement applies for all payers on whose behalf VPay is making a payment (unless otherwise notified by VPay that a separate EFT Agreement will be required for a particular payer). In addition, only those providers that have the above provider name, tax identification number and billing street address will be enrolled for EFT (credit Entry) payments. Any other providers under the same tax identification number, but different name and billing street address will require separate enrollment. If you have more than one bank account to enroll, please fill out a separate enrollment form for each account and include a bank letter or voided check for each account. Provider acknowledges and agrees that, pursuant to the requirements of the governing body on Electronic Remittance Advices (835), enrollment information submitted by Provider must be, and will be, shared with the Payer and/or their agent(s) responsible for delivery of the ERA/835.
3. **Authorization of Entries.** Provider authorizes VPay to make Entries to Provider (e.g., a credit Entry), and initiate reversing Entries in accordance with NACHA Rules.
4. **Provider EFT Fees.** *Provider will pay VPay a fee of \$1.75 per EFT credit transaction (the "Fee").* Fees will be paid monthly via Auto-Debit, or on such other periodic basis as determined by VPay (each a "Billing Period"). A Fee Statement will be delivered to Provider pursuant to the contact information on the form. Provider is solely responsible for notifying VPay in writing of any updates to its contact information. Beginning January 1st of the year following execution of this Agreement and each year thereafter, VPay may increase the Fee by up to \$0.25 per EFT credit transaction, as identified in the Fee Statement.
5. **Auto-Debit for Fees.** ► *Provider authorizes VPay to debit the designated bank account for all Fees each Billing Period, and will complete and execute any documents that its Financial Institution may require to permit Auto-Debits by VPay.* Provider agrees that no prior-notification will be provided unless the Fee amount per EFT credit transaction changes, in which case you will receive notice via email at least 30 days prior to the new Fee amount being debited. Provider acknowledges and agrees that payment of all Fees via Auto-Debit is a condition of this Agreement. If an Auto-Debit is rejected by Provider's financial institution for any reason, including for Non-Sufficient Funds (NSF), *Provider understands that VPay will attempt to process the Fee(s) again and charge Provider \$30.00 for rejection costs VPay incurs for the transactions.* Provider further agrees that an NSF charge may be charged separate. If the designated account does not have sufficient funds, VPay may suspend efforts to debit, terminate this EFT Agreement and/or attempt to collect the Fee(s) due from Provider. If terminated, future payments to Provider will not be made via EFT.
6. **Provider Information.** VPay is entitled to rely on the information provided by Provider for Entries, including regarding Provider's financial institution. Provider will immediately provide VPay with accurate, complete and timely information, including any changes to information regarding its financial institution. Provider will hold harmless VPay from, and indemnify VPay for, any losses in whatever form arising from Provider's acts or omissions, including VPay's reliance on information provided by Provider and its agreement to the provisions hereof.
7. **Limitation of Liability.** Except for the payment to Provider of funds debited by VPay in breach of this EFT Agreement or as required by NACHA Rules, VPay specifically disclaims all liability arising out of or relating to this EFT Agreement, including, without limitation, any other form of actual damages or any indirect, special, incidental, punitive, consequential or tort damages.
8. **Costs.** Provider is responsible for any charges assessed by its financial institution. VPay reserves the right to charge Provider a fee for a credit Entry pursuant to this EFT Agreement to the extent permitted by applicable law; provided, however, VPay must give Provider at least thirty (30) days written notice before any such fee may be assessed. To avoid any properly noticed fees, Provider must terminate this EFT Agreement.
9. **Changes.** Either party may change its designation of any account, financial institution or other applicable service provider by written notice to the other party. Any such change shall be effective no less than thirty (30) days after the other party receives such notice.
10. **Suspension and Termination.** Either party may suspend actions under this EFT Agreement upon not less than five (5) days written notice to the other party. Either party may terminate this EFT Agreement upon fifteen (15) days written notice to the other. Notwithstanding a suspension or termination, this EFT Agreement will remain in effect as to all fund transfers that have been initiated by VPay and not cancelled prior to suspension or termination of this EFT Agreement. If this EFT Agreement is suspended or terminated by Provider, Provider agrees to receive all payments to be made by VPay to Provider during such suspension or after such termination via a card network utilizing a debit or credit card transaction until Provider has notified VPay that future payments be made in an alternative manner.
11. **Notices.** Any notice required by the EFT Agreement shall be given in writing by certified mail, return receipt requested, or by overnight mail service to the party's address set forth in this EFT Agreement, and if notice is by Provider to VPay, Provider shall also deliver such written notice to VPay via facsimile in the same manner as the original EFT Agreement.
12. **No Implied Waiver.** A failure to take action with respect to a breach by a party of this EFT Agreement does not constitute a waiver of the rights of the non-breaching party to act with respect to another breach or with respect to a continuation or repetition of the original breach. This provision may only be specifically waived by a party in writing.
13. **Choice of Law.** To the extent not governed by the laws of the United States, this EFT Agreement will be interpreted and enforced under the laws of the State of Texas, without regard to its choice of law rules.

NACHA® is a registered trademark of NACHA.
VPay® is a registered trademark of VPay, Inc.



Authorization Agreement:

NOTE: By signing below, I hereby agree that I have read and agree to the terms and conditions of this EFT Agreement, including the assessment of Fees by VPay.

Signature #1 Authorized health care professional may be MD, OD, CFO, CEO, etc.	
Name:	Title:
Signature:	Date:
Signature #2 Supervisor-level authorized health care professional may be Office Manager, Billing Manager, etc.	
Name:	Title:
Signature:	Date:
Form Completed by:	
Name:	Email Address:
Telephone number + extension:	Fax Number:

NOTE: Email address may be used to request additional information and to send completed information.

Office Use Only

VPay®, 3701 West Plano Parkway, #200, Plano, Texas 75075	
Authorized VPay Representative Name:	Title:
Authorized VPay Representative Signature:	Date:
Payment Information	
TPA(s) or Payer(s):	
CPI - Carisk Behavioral Health, Inc	
VPay Tran that prompted the request:	

**PLEASE FAX COMPLETED and SIGNED FORM (all 3 pages),
VOIDED CHECK AND/OR BANK LETTER
TO VPAY AT 469.543.6599.**