

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

Electronic Funds Transfer (EFT) Authorization Form CMHA-CEI Vendor/Provider Payment

In order for the CMHA-CEI Finance Department to electronically deposit your reimbursement to your financial institution, please complete and submit this form along with a **voided check or EFT Bank Authorization to Finance-Operations@ceicmh.org.**

Company Name _____

Address _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) to deposit my payment into the account identified below and authorize the DFI (Depository Financial Institution) to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the CMHA-CEI Finance Department at Finance-Operations@ceicmh.org.

Financial Institution _____

Routing/Transit Number (9 Digits) _ _ _ _ _

Circle One: Savings/Checking Account Number _____

Email Address for Notification of Payment _____

Signature _____ Title _____ Date _____

A pre-note will be sent initially to verify routing/transit numbers along with account numbers. This takes up to ten days. The following payment, given the pre-note is correct, will be paid electronically. With this in mind, you may receive one printed check before your electronic payments begin. Also, if a change is made to your direct account numbers after the initial prenote has been sent, the change will generate another pre-note to be sent and you may receive a printed check for the following payment. We will email a notification to address above each time an electronic payment is made. The notice will include the invoice number(s) if applicable, description(s), and amount(s) transferred.

PLEASE PROVIDE A VOIDED CHECK OR EFT BANK AUTHORIZATION WITH THIS AUTHORIZATION FORM.

QUESTIONS SHOULD BE DIRECTED TO Finance-Operations@ceicmh.org Or (517) 346-8227.

Revised 5/12/2020