

## PAYMENT INFORMATION FORM

As Government vendors, organizations with Medicare contracts are paid by the Department of Treasury through an Electronic Funds Transfer (EFT) program. Government vendor payments are directly deposited into corporate accounts at financial institutions on the expected payment date. Additionally, CMS must have the EIN/TIN and associated name as registered with the IRS.

Please provide the following information to assist the Centers for Medicare and Medicaid Services in establishing payment arrangements for your organization.

### ORGANIZATION INFORMATION

NAME OF ORGANIZATION: \_\_\_\_\_  
DBA, if any: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

CONTRACT NO's.: H \_\_\_\_\_; H \_\_\_\_\_; H \_\_\_\_\_; H \_\_\_\_\_  
(If known)

TIN/EIN NAME of business for tax purposes (as registered with the IRS: a W-9 may be required)  
\_\_\_\_\_

EMPLOYER/TAX IDENTIFICATION NUMBER (EIN or TIN): \_\_\_\_\_

Mailing address for 1099 tax form:

STR1: \_\_\_\_\_  
STR2: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

### FINANCIAL INSTITUTION

NAME OF BANK: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

ACH/EFT COORDINATOR NAME: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NINE DIGIT ROUTING TRANSIT (ABA) NUMBER: \_\_\_\_\_

DEPOSITOR ACCOUNT TITLE: \_\_\_\_\_

DEPOSITOR ACCOUNT NUMBER: \_\_\_\_\_

CIRCLE ACCOUNT TYPE: CHECKING SAVINGS (Please attach a copy of a voided check)

**SIGNATURE & TITLE OF ORGANIZATION'S AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
Signature Title DATE: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number