



Electronic Funds Transfer (EFT) Form

Please choose one of these options:

- Elect EFT payments
 Change EFT information
 Terminate EFT payments

Name of Brokerage Firm: _____

Name of Broker: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Please attach a voided check. When providing the Account and Routing/Transit Numbers, please refer to the series of numbers located at the bottom of your check and insert those numbers located between the symbols shown. For your reference, please see the sample check on the reverse side of this form.

Type of Account: Business Account or Personal Account *(check one)*
 Checking or Savings *(check one)*

Name(s) on Account: _____
Please list all names that appear on the account

Account Number: ¶ _____ ¶

Name of Financial Institution: _____

City: _____ State: _____

Routing/Transit Number: ¶ ¶

IMPORTANT NOTE: It is the applicant’s responsibility to ensure that the information provided on this form is complete and accurate. Harvard Pilgrim will not be responsible and shall be held harmless for errors made in EFT payments that are a result of inaccurate or incomplete information provided on this form. In no event and under no circumstances will Harvard Pilgrim’s liability exceed the amount of the EFT payments in question.

 Signature of Account Owner Date

 Signature of Brokerage Firm Authorized Representative Date

 Print Name

 Print Name

 Title

 Title

To protect the privacy of your financial information, **please DO NOT fax or e-mail completed forms. Please mail your signed and completed forms to the following address:** Harvard Pilgrim Health Care, Inc., Treasury Department, 93 Worcester Street, Wellesley, MA 02481

For Internal Use Only:	Vendor ID #
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Frequently Asked Questions

When should I expect my first deposit?

Depending on when Harvard Pilgrim receives your completed form, you can expect to receive your first payment by the next payment cycle or the one thereafter. Please call your broker relations assistant if you have any questions.

What happens if my account information changes?

In the event that your account information changes, you will need to submit another signed and completed Harvard Pilgrim EFT form with your updated information and mail it to Harvard Pilgrim.

Please call Harvard Pilgrim's Broker Relations Service Center with any questions at 1-800-424-7285.

* [NAME(S) ON ACCOUNT] Check No. 10001
SAMPLE _____ 20 ____

Pay to the order of _____ \$ _____
_____ DOLLARS

* [NAME OF FINANCIAL INSTITUTION]

Memo _____

⌘ 1 2 3 4 5 6 7 8 9 ⌘	1 2 3 4 5 6 7 8 9 "	1 0 0 0 1
Routing Number	Account Number	Check Number



This information refers to products and services offered by Harvard Pilgrim Health Care and its affiliates, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.