

Authorization for Direct Deposit Greater Oregon Behavioral Health, Inc.

This authorizes Greater Oregon Behavioral Health, Inc. (GOBHI) to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my (our) checking account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the institution holding the Account to post all such entries.

Provider Information:

Provider (Facility) Name: _____

Tax ID Number: _____

Account Information

Bank Name _____

Checking Account Bank Routing # (ABA #) _____

Checking Account # _____

Please attach a copy of voided check for the account in this space.

WE APPRECIATE YOUR CONSIDERATION IN SWITCHING TO DIRECT DEPOSIT FOR YOUR FUTURE EXPENSES. This is an optional request but would allow your payments to be deposited quicker and more efficient.

**Return to: email: claims@gobhi.org
Fax: 541 298-7996
Mail: 401 E 3rd St Suite 101
The Dalles, Or 97058**

Your EMAIL Address is: _____
(this is for you to be notified when you receive payment)

This authorization will be in effect until GOBHI receives a written termination notice from me (us) and has a reasonable opportunity to act on it.

Printed Name _____ Signature _____

Date _____

Note: This document must be signed by the person(s) requesting automatic deposit of paychecks and will be kept on file by GOBHI. A voided check must be attached.