



Electronic Funds Transmission (EFT) *Change Form*

Instructions: Please fill out the below form **only** for *changes to the EFT set-up*. Please attach a voided check for each checking account and/or a deposit slip for each savings account designated below and return to the following:

Virginia Premier Health Plan, Inc.
Attn: Janet Shaw
P. O. Box 5307
Richmond, VA 23220-0307
(804) 819-5187 fax
(804) 819-5151 ext. 5226
jshaw@vapremier.com

___ Change Information (only fill in information to be changed)

___ Cancel EFT (only fill in Bank Name, Routing #, Bank Account # & Effective Date of Bank Account Change fields & all fields on page 2 of this document)

Bank Name

Routing #

Bank Account #

Checking _____ Savings _____

Effective Date of Bank Account Change _____

Email address

EFT Change Form

Provider Name

Provider Tax Identification Number

Name of person authorized to sign for the company

Signature of the person authorized to sign for the company

Date

Note:

The email address section is mandatory. This feature will allow you to receive immediate notice as to when your payments were forward to the bank for application to your account. Also, having the email address will let you know all the claims that were paid and the amount paid on them. We highly recommend that you use this otherwise you will have to check with your bank to see when payment was sent to your account