



Authorization Agreement for Accounts Payable Electronic Funds Transfer (EFT) for EAP Payments

Individual applicants or organizations that elect to receive Employee Assistance Program (EAP) payments from Magellan Health Services, Inc. via electronic funds transfers directly to a bank account, in lieu of a paper check, must complete this form. In order to receive electronic funds transfers, you must have a Form W-9 on file with Magellan and be the owner of the Taxpayer Identification Number (TIN) under which accounts payable invoices are paid by Magellan.

Company/Partnership Information

Company/Partnership Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ ZIP Code: _____
Billing Contact Name: _____
Contact Telephone #: _____
E-Mail Address for Remittance Information: _____
TIN: _____ Type of TIN: Employer Identification Number
 Social Security Number

Bank Information

Bank Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ ZIP Code: _____
Bank Contact: _____
Contact Telephone #: _____
Type of Account: Checking
 Savings
Account Name: _____
Account Number: _____
9-Digit Bank Routing Number: _____

Note that the routing number listed on checks may differ from the EFT routing number. Please verify the EFT routing number with your bank.

EFT Election Information

I authorize Magellan Health Services, Inc. to initiate credit entries to my checking or savings account as indicated above. This authority shall remain in effect until a written cancellation notice is submitted to Magellan. Electronic transfer of funds will not occur until a test has been conducted between Magellan and my bank (a prenote/zero dollar test).

Authorized Signature: _____

Title: _____ Date: _____

Please return this form via U.S. mail, e-mail or fax to:

Magellan Health Services, Inc.
14100 Magellan Plaza
Attn: Accounts Payable – MO08
Maryland Heights, MO 63043

MagellanAccountsPayable@MagellanHealth.com

Fax 314-387-5407
Attn: Karen Aubuchon