



**Authorization Agreement for
Accounts Payable
Electronic Funds Transfer (EFT)**

This form must be completed by individual applicants or organizations that elect to receive payments from Magellan Health, Inc. via electronic funds transfers directly to a bank account, in lieu of issuance of a paper check. In order to receive electronic funds transfers you must have a W-9 on file with Magellan and be the owner of the Taxpayer Identification Number (TIN) under which accounts payable invoices are paid. An email address is required in order to receive the payment remittance information.

Company Information

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

Bank Information

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

Please note that the routing number listed on checks may be different than the EFT routing number. Please verify routing number with your bank.

EFT Election Information

I authorize Magellan Health, 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 your bank (a prenote test).

Authorized Signature: _____

Title: _____ **Date:** _____

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

Magellan Health, Inc.
PO Box 1899
Attn: Accounts Payable – MO08
Maryland Heights, Missouri 63043
MagellanAccountsPayable@magellanhealth.com
Fax: 888-656-3258 Attn: Natalie Caputa