



Electronic Funds Transfer (EFT) Authorization Agreement

Type of Authorization (check one): **NEW** **CHANGE**

Please check this box if you choose **not** to participate, and then return this Agreement to provider.services@truehealthnewmexico.com

Taxpayer ID# (TIN): _____

Legal Business Name	Group NPI Number	Individual Provider NPI Number
Provider Accounting Address	Phone Number	Fax Number
Bank Name	ABA/Transit Number (bank routing number)	
Bank Street Address	Account Number	
Bank City/State/Zip	Provider Email Address	
Bank Phone Number	Type of Account (check only one)	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings PLEASE ATTACH A VOIDED CHECK.	

I (we) hereby authorize True Health New Mexico to present credit entries into the bank account referenced above and the depository named above to credit the same to such account. I (we) understand that I am (we are) responsible for the validity of the information on this form. If True Health New Mexico erroneously deposits funds into my (our) account, I (we) authorize True Health New Mexico to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay cycle.

I (we) agree to comply with all certification and credentialing requirements of True Health New Mexico and the applicable program regulations, rules, handbooks, bulletins, standards, and guidelines published by True Health New Mexico or its authorized affiliate(s) or subcontractor(s). I (we) understand that payment of claims will be made from federal and state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

I (we) will continue to maintain the confidentiality of records and other information relating to clients covered by programs offered through True Health New Mexico in accordance with applicable state and federal laws, rules, and regulations.

Authorizing Signature

Date Signed

Printed Name

Title of Signatory

For the convenience of having direct deposit, you must be willing to download your EOB/EOP directly from our website, www.truehealthnewmexico.com. No paper copies will be mailed.

RETURN THIS AGREEMENT TO:

OR EMAIL THIS AGREEMENT TO: provider.services@truehealthnewmexico.com

True Health New Mexico
P.O. Box 36719
Albuquerque, NM 87176

Forms must be mailed or scanned and sent by email. Faxed copies WILL NOT be acceptable due to readability problems.