



FMCNA Vendor Number:
(If applicable for changes)

Payee Name:	
Payee Address:	
City:	State: Zip:
Bank Name:	
Bank Address:	
City:	State: Zip:
Telephone Number:	
ABA Routing Number:	Account Number:

Please email this EFT Authorization Form with a voided check or bank letter to your FMCNA contact for approval. You will be contacted by an FMCNA Employee to Verify the last 4 digits of the account number provided.

I AUTHORIZE FRESENIUS MEDICAL CARE - NORTH AMERICA TO TRANSFER MY PAYMENT TO MY BANK PER THE ABOVE INFORMATION.

SIGNED: _____ DATE: _____

NAME AND TITLE:

ONCE SUBMITTED, PLEASE ALLOW 7-10 BUSINESS DAYS FOR PROCESSING.

Requirements to Add or Update payment Method to EFT/ACH

The requestor must submit an EFT Authorization form along with either a letter from your bank that provides routing and account number or a copy of a voided check to change their payment method to EFT

EFT Authorization form

- The EFT Authorization form submitted must have the following
 1. The name of the vendor/payee (name must be the same information on the check and in SAP)
 2. The complete remittance address of the vendor/Payee
 3. Bank Name and Bank Information
 4. Complete ABA Routing Number and complete account number (including leading zeros)
 5. Handwritten signature
 6. Submitter name and Title

Supporting Document Guidelines:

1. Check

- If a check is provide it cannot be a temporary check
- The check must have the same ABA routing and account information that was collected on the EFT authorization form

2. Bank Letter

- Bank Letter must have the business name which is the same name on the EFT
- Must be submitted on Bank letter head
- Direct Deposit Forms from the bank will not be accepted as Bank Letter Documentation

Once all documents have been reviewed, an FMCNA Employee will call to verbally confirm the last 4 digits of the bank account number.