



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.**

**Fresenius Medical Care North America**

Vendor Maintenance, 3850 North Causeway Blvd., Suite 300 Metairie, LA 70002 | [Vendormaintenance@fmc-na.com](mailto:Vendormaintenance@fmc-na.com)

## **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.



## LANDLORD CONTACT INFORMATION

Property Street Address: \_\_\_\_\_

### LANDLORD CONTACT INFORMATION:

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONTACT PERSON FOR LEASE MATTERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CONTACT PERSON FOR RENT/ACCOUNTING MATTERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### IF YOU USE A PROPERTY MANAGEMENT COMPANY, PLEASE COMPLETE THE FOLLOWING:

Company name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_