



Electronic Fund Transfer (EFT) Authorization

This form must be completed in order to enroll as a provider in the Iowa Medicaid program. It is also the responsibility of the Medicaid provider to ensure this information is updated, as necessary.

Please select a reason for submission: New Enrollment Change Request

Provider Information		
Provider Name		
Street		
City	State/Province	Zip Code/Postal Code
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)		
National Provider Identifier (NPI)		

Authorized Contact Information	
Authorized Contact Name and Title	
Telephone Number	Telephone Number Extension
Email Address	

Financial Institution Information		
Financial Institution Name		
Street		
City	State/Province	Zip Code/Postal Code
Financial Institution Routing Number	Type of Account at Financial Institution <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Provider's Account Number with the Financial Institution		
Include with Submission: (select one) <input type="checkbox"/> Voided check <input type="checkbox"/> Bank letter <i>*This enrollment submission must include a "voided check" or a bank letter that contains the name and address of the financial institution with the matching account information contained on this form.</i>		

Authorized Signature and Date (Check the statement below.)

By signing this document I authorize (check the box) the Iowa Medicaid Program to apply my Medicaid payments to the account specified above. I understand that payment is made from state and federal funds and that any falsification or concealment of a material fact may be prosecuted under state and federal laws. I understand that my electronic signature certifies acceptance of the provider certification on the claim form and/or Provider Agreement. I also certify that I am legally authorized to make this certification, and that I may be prosecuted under applicable state or federal laws for any false statements or documents submitted.

Notes:

- **New Enrollment-** Completed EFT form must be submitted with initial application enrollment forms.
- **Changes** to an existing enrolled provider- Must be uploaded into the Iowa Medicaid Portal Access Tool.
- Do not fax or email completed EFT forms, this is will delay your request being processed.