



Authorization Agreement for Electronic Funds Transfer (EFT)

IMPORTANT NOTE: Electronic Funds Transfer (EFT) set up needs to be renewed each year. EFT will end automatically after one year.

Please check appropriate boxes:

- New EFT account, Change bank account, Change contact information

Please type or print with ink:

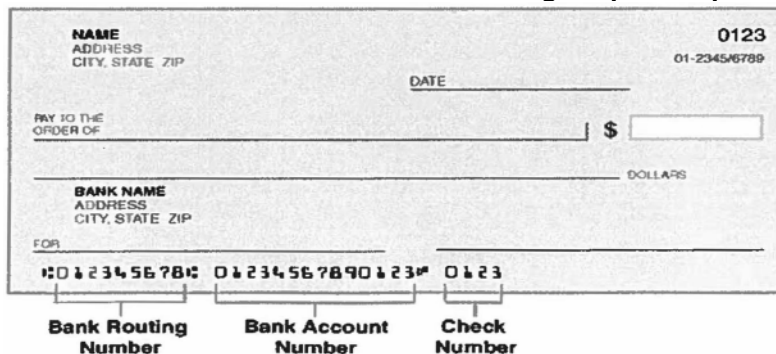
Section I form with fields: Member Name, Medicaid ID Number (RID), Address, Email Address, Contact Phone Number

Section II ACH Information form with fields: Bank Name, Bank Account Number, Routing Number, Type of Account (Checking/Savings)

Signature

Date

Please attach a voided check or savings deposit slip.



Please mail or fax this completed form to:

MHS, PAC payments
550 N. Meridian St., Suite 101
Indianapolis, IN 46204
FAX: 1-866-855-9947



550 N. Meridian Street, Suite 101 • Indianapolis, IN 46204 • 1-877-647-4848 • mhsindiana.com
Members with speech or hearing disabilities call 1-800-743-3333 for TTY/TDD.

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MHS is your choice for better healthcare. You or someone in your family is an MHS member and that is why we send you information. MHS handles your medical insurance through your enrollment with Hoosier Healthwise, the Healthy Indiana Plan or Hoosier Care Connect. If you need this or any other information in another language or format, or have any problems reading or understanding this information, please call MHS Member Services Monday through Friday from 8 a.m. to 8 p.m. at 1-877-647-4848. Learn more at mhsindiana.com.