



Electronic Funds Transfer Enrollment Request

Please select: ☐ **New** EFT Enrollment ☐ **Update** to Existing EFT Information

Practice Information

Name: _____

Tax ID: NPI: ☐ Check if NPI Type II

Contact Name: _____ Email: _____

Phone Number: _____ Fax: _____

Office Address: _____ City: _____ State: _____ ZIP: _____

Billing Address: _____ City: _____ State: _____ ZIP: _____

Printed name and role of requesting party: _____

Banking Information

Requests **MUST INCLUDE** a voided check and/or bank letter to assist with the validation process. Please select which has been included.

☐ Voided Check ☐ Bank Letter

New Bank Name: _____

New Account Type: ☐ Checking ☐ Savings

Address: _____ City: _____ State: _____ ZIP: _____

Routing Number: Account Number: _____

Routing information is nine digits on a check; not a deposit slip.

If updating existing EFT information, please provide current EFT information.

Current Bank Name: _____

Current Account Type: ☐ Checking ☐ Savings

Routing Number: Account Number: _____

Please send completed forms with attachments to:

Email: HealthNetworkRequests@NebraskaBlue.com

Fax: 402-343-3455

If you need any additional support, please visit the Provider section of our website which has various resources for help: NebraskaBlue.com/Providers

You may also reference our Provider Contact page for further assistance:

NebraskaBlue.com/Provider-Contacts