



### ACH Pre-authorization Form

I, \_\_\_\_\_, authorize Integra DMension, LLC to automatically credit my bank account, periodically, for the purpose of settling claim reimbursements.

My Provider NPI# is \_\_\_\_\_

I recognize that it is my responsibility to ensure that the information below is up to date. If my banking information changes, I agree to provide written instruction to change the information listed below as appropriate.

My bank information is as follows:

BANK NAME \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

Circle one: CHECKING SAVINGS

ACCOUNT NUMBER \_\_\_\_\_

NAME(S) ON ACCOUNT \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

#### ATTACH COPY OF VOIDED CHECK OR, ALTERNATELY, AUTHORIZED BANK SIGNATURE VERIFYING INFORMATION

Bank Signature/Title \_\_\_\_\_

**Please send your completed form to:**

Email: ap@accessintegra.com

Fax: 1-347-626-2465

Mail:

Integra DMension, LLC.

Attention: Accounts Payable Dept.

100 Wall Street, Suite 2502

New York, NY 10005



