



STATE OF ARIZONA – ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ACH VENDOR AUTHORIZATION FORM
 ATTN: AHCCCS FINANCE – M.D. 5400, P.O. BOX 25520, PHOENIX, AZ. 85002-5520

Transaction Type – Check the applicable transaction(s) and complete the sections indicated.

SECTION 1	Please complete Section 2 and 3 below; your financial institution <u>must</u> complete Section 4 prior to returning the form to AHCCCSA.			
	New ACH Setup: _____ Change Account Type: _____ Change Account Number: _____ Change Financial Institution: _____			
<input type="checkbox"/> If you are requesting a Cancellation, please check the box and complete Section 2, 3, and 5 CANCELLATION REQUEST				

SECTION 2	PAYEE IDENTIFICATION		
	1. Federal Employer's Identification Number (EIN) _ _ - _ _ _ _ _ _	Disclosure of your Social Security Number is voluntary pursuant to 42 U.S.C. 405(c)(2)(C). The State of Arizona will use your EIN or SSN to file required information returns with the Internal Revenue Service.	
	<u>Or</u> Social Security Number (SSN) _ _ _ - _ _ - _ _ _		
	AHCCCS Provider Number and Locator Code: _____ This must be completed or request may be denied.		
2. _____ Payee's Name – Please Print	Provider Name– Please Print	3. (_ _ _) - _ _ _ - _ _ _ Business Telephone – (Area Code and Number)	
4. Address: _____ 5. City: _____ State: _____ Zip Code: _ _ _ - _ _ _			

SECTION 3	AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION		
	6. I authorize the Arizona Health Care Cost Containment System Administration (AHCCCSA) to process payments owed to me via Automated Clearing House (ACH) deposits. AHCCCSA shall deposit the ACH payments in the financial institution and account designated below.		
	I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible or my electronic payments may be erroneously made.		
	I authorize AHCCCSA to withdraw from the account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorized AHCCCSA to withhold payment owed to me by them until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to AHCCCSA. The change or revocation is effective on the day that AHCCCSA processes the request.		
	I certify that I have read and agree to comply with AHCCCSA's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted.		
	I authorize AHCCCSA to stop making electronic transfers to my account without advance notice.		
I certify that I am authorized to contract for the entity receiving deposits, pursuant to this agreement and that all information provided is accurate.			
The financial institution can process CTX payments/transactions along with addendum information. YES _____ NO _____			
7. _____ (Required) Payee's Name – Please Print		8. _____ (Required) Title – Please Print	
9. _____ (Required) Payee's Signature		10. _____ (Required) Date	

SECTION 4	FINANCIAL INSTITUTION – Must be completed by the financial institution representative		
	11. Bank Name: _____		
	12. Bank Address: _____ City: _____ State: _____ Zip Code: _ _ _ - _ _ _		
	13. Routing Transit Number: _ _ _ - _ _ _ - _		14. Customer Account Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _
	15. Type of Account: Checking _____ Savings _____		
	16. _____ (Required) Financial Institution Representative Name – Please Print		17. _____ (Required) Title – Please Print
	19. _____ (Required) Financial Institution Representative's Signature		18. (_ _ _) - _ _ _ - _ _ _ Telephone - (Area Code and Number)
		20. _____ (Required) Date	

S-5	CANCELLATION	
	21. Reason: _____	22. Date: _____

SECTION 6	AHCCCSA USE ONLY			
	23. Provider information verified by: _____ Does Provider have aged invoice balance? Yes _____ Amount \$ _____ No: _____			
	24. Provider ACH Approved by: _____ Effective begin date: _____			
	25. Comments: _____			
COMPLETED BY: _____ DATE: _____				

