



Fax: 803-462-3995

## TERMS AND CONDITIONS FOR ELECTRONIC FUNDS TRANSFER

Your company agrees to accept payment by PGBA, LLC (PGBA) through electronic funds transfer (EFT) and that we can rely exclusively on the information you supply through the attached forms. This agreement applies to and amends all existing agreements with PGBA by incorporating the following terms and conditions for electronic payment.

PGBA will initiate payment to you based on the following:

PGBA will transfer funds electronically to the financial institution and account number you register on the attached forms.

We will make payments in accordance with and be governed by the National Automated Clearinghouse Association's Corporation Trade Payment Rules. Our process is governed by and in accordance with the laws, other than choice of law provision of any particular contract, of South Carolina, including Article 4A of the Uniform Commercial Code as enacted by South Carolina and amended from time to time.

The information you provide on the signature authorization form is very important. **You understand that you must communicate any change in this information to PGBA via fax. Please send correspondence to:**

PGBA, LLC EFT  
Fax: 803-462-3995

PGBA will be held harmless for any loss, which may arise solely by reason of error, mistake or fraud regarding this information.

Payment is initiated within the normal terms of our agreement with you. Our EFT terms and conditions neither enlarge nor diminish the respective rights and obligations of us within any applicable agreement. The payment due date is not affected. We will consider payment made when your financial institution has received or has control of the payment transaction. This will generally occur within three (3) calendar days following initiation by PGBA.

If we initiate payment on a non-banking day at PGBA's originating bank, the funds transfer will occur the following banking day. In all cases, "Banking Day" is defined as the day on which both trading partners' banks are available to transmit and receive these fund transfers.

PGBA has the right to adjust future payments if payments previously made are found to be duplicates, in excess of requirements, fraudulent or in error.

PGBA is responsible for making all payments within this agreement. PGBA is responsible up to the point where your financial institution receives or has control of the transaction. Any loss of



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## TERMS AND CONDITIONS FOR ELECTRONIC FUNDS TRANSFER (Continued)

data at that point will be borne by you unless the loss is due to sole negligence of PGBA or its originating bank.

You should notify PGBA immediately if you do not receive payment. PGBA shall have reasonable time (not to exceed ten [10] business days) to make said payment.

Either party may terminate Electronic Funds Transfer. The notification shall be in writing. If PGBA receives a termination request from you, we will send written confirmation by U.S. mail to the address where you normally receive paper checks and remits.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Print)

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby declare that I am a designated signature authority for the provider locations listed below. As a signature authority, I am authorized to disburse funds, sign checks and add, modify or terminate bank account information for the provider locations listed below.



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### Change Payment Method to EFT

Date: \_\_\_\_\_

#### Provider Information

Location name: \_\_\_\_\_

**(Note: One form per physical location is necessary)**

Point of contact name: \_\_\_\_\_

Physical address: \_\_\_\_\_

Specialty: \_\_\_\_\_ Location telephone: \_\_\_\_\_

Provider Tax ID number: \_\_\_\_\_ NPI# \_\_\_\_\_

#### Bank Information

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Bank contact name: \_\_\_\_\_ phone number: \_\_\_\_\_

Bank transit/routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account:  Checking  Savings

I hereby authorize PGBA, LLC to initiate credit entries and, if necessary, debit entries and adjust and credit entries in error. I also authorize the bank named above to credit and/or debit the same to this account.

\_\_\_\_\_  
Signature (person with signature authority)

\_\_\_\_\_  
Date

Telephone number: \_\_\_\_\_

**This authorization is to remain in full force and effect until PGBA, LLC has received faxed notification of its termination.**

**Once you receive a notification letter, you'll start receiving your payments through EFT.**

HUMANA MILITARY  
HEALTHCARE SERVICES

