



ELECTRONIC FUNDS TRANSFER (EFT)

Complete and FAX/Mail to: TRICARE North EFT, PO Box 870154, Surfside Beach, SC 29587-9754 or FAX completed form to 1-888-536-2324. (For assistance contact our EDI Help desk at, 1-877-334-2524).

PART I – PROVIDER OR SUPPLIER INFORMATION

Tax Identification (EIN or SSN) _____
National Provider Identifier _____
Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____

PART II – BANKING INFORMATION

Bank name _____
Bank Address _____
City _____ State _____ Zip Code _____
Bank contact name: _____ Phone Number _____
Bank Transit Number/ Routing Number (nine digit) _____ Bank
Account Number _____
Type of Account (check one) Checking Account Saving Account

PART III – CONTACT PERSON

Name _____
Business Physical Address _____
_____ State _____ Zip Code _____ City _____
Phone Number _____ Fax Number _____ E-mail
Address _____

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 _____

PGBA, LLC EFT
P.O. Box 870154
Surfside Beach, SC 29587-9754
FAX: 1-888-536-2324.