



ELECTRONIC FUNDS TRANSFER (EFT)

Complete and return by fax: 1-888-536-2324 or mail: TRICARE North EFT, PO Box 870154, Surfside Beach, SC 29587-9754. If you have questions, please call 1-877-EDI-CLAIM (1-877-334-2524).

PART I – PROVIDER OR SUPPLIER INFORMATION

Tax Identification Number (EIN or SSN): _____

National Provider Identifier (NPI): _____

Name: _____

Business physical address: _____

City: _____ State: _____ ZIP: _____

Phone number: (____)-____-____ Fax number: (____)-____-____

PART II – BANKING INFORMATION

Bank name: _____

Bank address: _____

City: _____ State: _____ ZIP: _____

Bank contact name: _____ Phone number: (____)-____-____

Bank transit/routing number (nine digits): _____

Bank account number: _____

Type of account (check one): Checking account Savings account

PART III – CONTACT PERSON INFORMATION

Name: _____

Business physical address: _____

City: _____ State: _____ ZIP: _____

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