ACH AUTHORIZATION FORM

All information is required before processing

Please contact your Financial Institution to confirm the appropriate ACH bank routing number and correct bank account number. These numbers may differ from your checking account number and wire routing number.

Company/Provider Name: _____

Federal Tax ID Number:_____

Address: _____

NPI: _____ ; _____ ; _____ ; _____ ; _____ ; _____

Please list ALL of your NPI's associated with the above Company Name/TAX ID and this banking information.

I hereby authorize **Leon Health, Inc**., to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my: (select one) □ **Checking Account** or □ **Savings Account** indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH/Wire transactions to my account must comply with the provisions of U.S. law.

_____
(Name of Financial Institution)

_____
(Address of Financial Institution - City, State & Zip Code)

_____ _____
(ACH Routing Number) (Account Number)

(Please attach a voided check or letter from your bank (if the ACH routing number is different) AND a completed Form W-9 (Rev. March 2024)

This authorization is to remain in full force and effect until **Leon Health, Inc**. has received written notification from me of its termination in such time, and in such manner as to afford **Leon Health, Inc**. and Financial Institution a reasonable opportunity to act on it.

Authorized by:_____ Phone Number:_____
Print Name and Title

Email Address:_____

Signature:_____ Date:_____

NOTE: If all information on the enrollment form is not provided or is provided incorrectly, there may be a delay in processing.

Please send the completed form with the required attachments to:
cash_management@leonmedicalcenters.com

Internal use only:	Provider ID_____
	W9 received_____
Verified by: _____ Date: _____	Voided check or Bank letter received_____
	ACH effective date: _____
Verified with: _____	