

American College of Radiology (ACR)

ALZ-NET EFT FORM

Direct Deposit/Electronic Funds Transfer (EFT) Payee Payment Enrollment Form

INSTRUCTIONS: Please complete all sections of this Enrollment Form

UPLOAD THIS FORM VIA SECURE SHARE FILE:
<https://acradiology.sharefile.com/r-r2ecc966e11f94902867eeee291cba26f>

SECTION 1 - PAYEE INFORMATION

Payee Name (As it appears on W-9 Form):		ALZ-NET Site # (required)
Payee Primary Address:		
Payee Email Address:		
Contact Person Name:	Contact Telephone Number:	

Section 2 - Financial Institution Information

Bank Account Name:	Account Number:																				
Bank Name:																					
Bank Branch Address:																					
Routing Transit Number: (Located at the bottom of your check)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Account Type: (Check one) () Checking () Savings																					
Direct Deposit/ACH/EFT Coordinator's Name (Bank Rep. if Known):	Telephone Number:																				

Section 3 - Vendor Signature

Payee Signature	Print Name	Date
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