

# 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 BOX LINK:

<https://acradiology.app.box.com/f/18480f1fcc6b405f967d47954542ac73>

### 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><tr><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) <input type="checkbox"/> Checking <input type="checkbox"/> 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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