



Electronic Funds Transfer (EFT) Form

As part of Patient Advocate Foundation’s TotalAssist program, you can have reimbursements sent directly into your checking account. It is a quick and easy way to get paid for your claims. Anyone using EFT must have an open checking account.

Who can use EFT?

- Patient, Healthcare Providers, or Pharmacies

How do you start EFT?

1. Complete and sign this form.
2. Provide one of the following documents:
 - **Voided check:** Attach a voided check by writing “VOID” across the front of a blank check. The account and routing number at the bottom of the check must be visible.
 - **Bank statement:** Provide the first page of your bank statement showing the account holder’s name and account number.
3. Send the form with the voided check or bank statement via fax or mail to:
 - Fax: (757) 952-2039
 - Mail: PAF Accounting Department
421 Butler Farm Rd
Hampton, VA 23666

When will you get your first EFT?

Once we receive your completed form with your documentation, we’ll start sending EFTs for expenses paid after EFT has been set up on your account.

EFT Form (all fields are REQUIRED)

Name	
Phone	
Address	
City, State, Zip	
Email	
Financial Institution Name	
Bank Phone Number	
Bank Routing Number	
Account Number	

By signing this form, you are giving Patient Advocate Foundation permission to credit and/or debit your bank account.

Signature: _____ Date: _____