Direct Deposit (ACH) Authorization Form

Use this form to authorize EMI Health to deposit broker payments directly into your bank account.

IMPORTANT: This form is for Individual & Family Plans only (not group plans).
This form may be completed by brokers; however, all banking information provided must belong to the agency, as EMI Health issues payments to agencies only—not to individual brokers.

AGENCY INFORMATION

Name of Agency: _____ EMI Health Number: _____

Address: _____ Apt/Unit #: _____

State: _____ City: _____ Zip Code: _____

ACCOUNT INFORMATION

Name of Banking Institution: _____

Federal Routing Number: _____ Account Number: _____

DISCLAIMER AND SIGNATURE

I hereby authorize EMI Health to direct deposit any vendor payment amounts into the account listed above. I understand that if any of the above banking information changes then it is my responsibility to notify EMI Health. Furthermore, I understand that if I provide erroneous information or the information changes then EMI Health is not responsible for any fees and/or bank charges related to a direct deposit transaction not being received in the correct account and/or bank in a timely manner.

***By typing my name below, I agree that this constitutes my electronic signature, and I acknowledge and accept the terms outlined in this form.**

Full Name: _____ Date: _____

Form submission instructions:

Submit your completed form by email to: **directdeposit@emihealth.com**