HRI DENTAL &VISION

insuringsmiles.com
PO Box 659 Evansville, IN 47704-0659
800-727-1444 Fax: 812-424-2096

ACCOUNTING

EFT ELECTION – HRI DENTAL & VISION INITIATED

PART 1: Transaction Type

Effective Date: _____

- ☐ New Set Up
- ☐ Change Current Election
- ☐ Cancel EFT (complete Part 2 and 4)

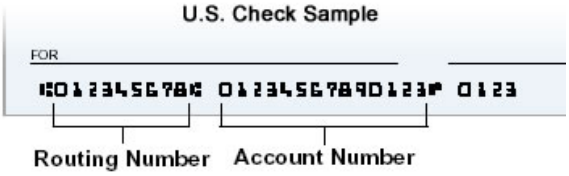
PART 2: Customer/Vendor Identification

1. Customer/Vendor Name			2. Customer/Vendor Number (if known)
3. Primary Contact Email Address			4. TIN Number
5. Address			6. Business Phone
7. City	8. State	9. Zip	10. Fax Number

PART 3: Financial Institution

11. Financial Institution Name	12. City	13. State	14. Zip Code
15. Routing Number **(9 digits)**	16. Bank Account Number	17. Type of Account ☐Checking ☐Savings	

Following is an illustration to help you determine the routing transit number and account number from the bottom of a check. This is for illustration only. Contact your bank if you are unable to determine these numbers. You must enter all 9 digits for the routing number. Account number digits will vary.



PART 4: Authorization for Setup, Changes or Cancellation

I hereby request and authorize HRI Dental & Vision's financial institution (bank) to deposit/withdraw transactions from the above account electronically. If an error is made, I authorize HRI Dental & Vision to reverse or correct the transaction electronically. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my deposits/withdrawals may be erroneously transferred electronically. This authorization will remain in effect until written notice to terminate is given. The undersigned must allow 2 weeks for initiating or terminating Electronic Funds Transfer (EFT) and is responsible for notification to financial institution if required due to account restrictions.

18. Authorized Signature	19. Printed Name	20. Date

PART 5: Form Instructions

1. Fill in all fields (1-20) legibly and completely – KEEP A COPY FOR YOUR RECORDS
2. Send the form by mail or fax to:

   Address **Fax**
   HRI Dental & Vision 812-401-4558
   ATTN.: ACCOUNTING
   P.O. Box 659
   Evansville, IN 47704-0659

   Or upload to insuringsmiles.com. For questions, contact Member Services at 800-727-1444.
3. Once the setup has been activated, your transactions, reporting, and correspondence will be transmitted electronically permanently, unless written notification is received requesting otherwise.